

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF OHIO  
WESTERN DIVISION

**EXHIBIT**

K. JACKSON  
1 8.14-07  
AMB

VIVIAN BERT, et al.,

Plaintiffs,

v.

AK STEEL CORPORATION,

Defendant.

CASE NO. C-1-02-467

Judge Beckwith

Magistrate Judge Hogan

**PLAINTIFF KAY JACKSON'S RESPONSES TO**  
**DEFENDANT A. K. STEEL CORPORATION'S FIRST SET OF INTERROGATORIES**

Comes now the Plaintiff, Kay Jackson, by and through her undersigned counsel of record and responds to the Defendant's First Set of Interrogatories as follows:

**GENERAL OBJECTIONS**

1. The Plaintiff objects to the definitions and instructions accompanying these interrogatories to the extent that they seek to impose burdens, duties and obligations upon the Plaintiff in excess of or different from those imposed by applicable law and the Federal Rules of Civil Procedure; Plaintiff will respond in accordance with said law and rules.

2. The Plaintiff objects to these requests to the extent they seek information and/or documentation regarding matters about which the Defendant has knowledge but has failed to disclose, or so limited their responses to previous discovery of the Plaintiff, so as to in effect deny the Plaintiff the information requested and needed by them to answer these requests.

3. The Plaintiff objects to these requests to the extent they seek to discover "core" work product, including the disclosure of the mental impressions, conclusions, opinions, and/or legal theories of

attorneys or other representatives of the Plaintiff, rather than seeking this information from the Plaintiff.

4. The Plaintiff objects to these requests to the extent they seek information and/or documentation protected by the attorney-client privilege or any other applicable privilege.

5. The Plaintiff objects to these requests to the extent that the Defendant is seeking to make them into a bill of particulars.

6. The Plaintiff objects to these requests to the extent they seek to require Plaintiff's counsel to present a "dress rehearsal" of the evidence to be submitted in the course of the proceedings. The mental impressions, legal theories, legal conclusions, and legal opinions of Plaintiff's counsel, as well as any communications between Plaintiff and her counsel, are clearly protected from discovery by the attorney-client privilege and the work product doctrine.

7. The Plaintiff objects to these requests to the extent that the information and/or documentation sought, if any, was obtained and prepared in anticipation of litigation and the Defendants have not made the required showing of substantial need for the information and/or documentation or that the substantial equivalent of such information and/or documentation is unobtainable by other means. The Plaintiff further objects to these requests to the extent that the information and/or documentation called for, if any, is protected and is not discoverable under Rule 26(b)(3) of the Fed. R. Civ. P. and Hickman v. Taylor, 329 U.S. 495 (1947).

8. The Plaintiff objects to these requests to the extent that they seek information and/or documentation that is equally available to the Defendant and the burden on the Defendant to obtain the requested information and/or documentation is no greater than the burden on the Plaintiff.

9. The Plaintiff objects to these requests to the extent they exceed the requirements of Rules

26, 30, 34 or 45 of the Fed. R. Civ. P.

10. The Plaintiff objects to these requests to the extent they seek information and/or documentation relating to expert witnesses, witnesses, and trial exhibits in excess of the disclosure duties imposed by the Fed. R. Civ. P. and the Court's Scheduling and Pretrial Orders relating to such matters.

11. The Plaintiff objects to these requests to the extent they require the Plaintiff to disclose "each and every" fact or piece of knowledge possessed by them as such a requirement is impossible to fulfill and is objectionably broad for failure to be "reasonably particularized".

12. The Plaintiff objects to these requests to the extent they request duplicative and cumulative information and/or documentation heretofore disclosed in conjunction with discovery already undertaken by the Defendant in this action.

13. The Plaintiff objects to these requests to the extent that they seek to require the Plaintiff's attorneys to divulge the substance of information and/or documentation developed by them (i.e., interpretive, not investigatory) in preparation for any hearing or trial in this action.

14. The Plaintiff objects to these requests to the extent that they do not, on their face, restrict themselves either to an identifiable time or a reasonable, rationally-based time frame.

15. The Plaintiff objects to these requests to the extent that they seek information and/or documentation from the Plaintiff regarding matters about which the Defendant has refused or objected to providing in their interrogatory or request for production responses.

16. The Plaintiff objects to these requests to the extent that they are oppressive, i.e., they were designed to create an unreasonable burden on the Plaintiff which burden is not commensurate with the professed result sought.

17. The Plaintiff objects to these interrogatories to the extent they seek answers to multiple interrogatories within a single interrogatory.

18. These requests are addressed to the Plaintiff and the responses herein are based on information and/or documentation presently available to the Plaintiff. Investigation is presently continuing, however, and additional information and/or documentation pertinent to these requests may well be disclosed as a result of such ongoing and continuing investigation.

Except as otherwise indicated, the Plaintiff incorporates the General Objections into each and every answer set forth below. Without waiving the foregoing objections, the Plaintiff answers as follows:

**INTERROGATORY NO. 1:** Identify all litigation or legal proceedings in which you have been a witness or party, including the name and number of the case, the court or administrative agency for which the case was pending, and a brief description of the nature of the case, and the year in which the matter was pending.

**SPECIFIC OBJECTION TO REQUEST:** Plaintiff objects because this request does not seek relevant information or that information subject to production under Fed. R. Civ. P. 26, and thus, this request is unduly harassing, burdensome, and oppressive. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

**ANSWER:** Bert, et al, v. AK Steel  
Case No.: 1:02-CV-00467  
United States District Court  
Southern District of Ohio (Cincinnati)  
Nature of case: Race discrimination in hiring

**INTERROGATORY NO. 2:** Identify all employers for whom you have worked since January 1, 2001, including the dates of employment, the positions held, amounts paid per week, and reason for

leaving, if applicable.

**SPECIFIC OBJECTION TO REQUEST:** Plaintiff objects because this request does not seek relevant information or that information subject to production under Fed. R. Civ. P. 26, and thus, this request is unduly harassing, burdensome, and oppressive. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

**ANSWER:** Shawnee Mental Health Center, Inc. from September of 1999 to the Present - Clerical position at \$455.67 per week; CountyFair from April of 2002 to Dec. of 2002 - \$65.00 per week.

**INTERROGATORY NO. 3:** Identify all employers to whom you applied for employment since January 1, 2001, including the date you submitted written applications, the job to which you applied, the dates you were interviewed, the employers who tendered you job offers, and a description of the offer.

**SPECIFIC OBJECTION TO REQUEST:** Plaintiff objects because this request does not seek relevant information or that information subject to production under Fed. R. Civ. P. 26, and thus, this request is unduly harassing, burdensome, and oppressive. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

**ANSWER:** I have applied to A. K. Steel Corporation in 1999 and 2001.

**INTERROGATORY NO. 4:** Identify all income received from whatever source, by amount each week after January 1, 2001.

**ANSWER:** \$455.67 per week.

**INTERROGATORY NO. 5:** Identify by name, address and telephone number all individuals

who have knowledge about or information about the allegations in the Complaint, and state a summary of what you believe their knowledge to be.

**ANSWER:** All of the other plaintiffs who applied to work at the Ashland Plant.

**INTERROGATORY NO. 6:** Identify all individuals who you intend to call as witnesses in the litigation of this matter.

**SPECIFIC OBJECTION TO REQUEST:** Plaintiffs objects because this Interrogatory violates the Court's Order establishing a deadline for Plaintiff to disclose witnesses and testimony. Plaintiff further objects to the extent this interrogatory seeks information protected by the attorney-client privilege or other privilege and/or the work product doctrine. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

**ANSWER:** Plaintiff will abide by the deadlines established by the Court and the disclosure requirements set by the Federal Rules of Civil Procedure to disclose the witnesses they will use at trial in this case.

Respectfully Submitted,



Robert F. Childs, Jr.

Herman N. Johnson, Jr.

**WIGGINS, CHILDS, QUINN & PANTAZIS**

The Kress Building

301 19<sup>th</sup> Street North

Birmingham, Alabama 35203

(205) 328-0640

(205) 254-1500 (facsimile)

Tobias, Kraus & Torchia, LLP  
414 Walnut Street  
Suite 911  
Cincinnati, Ohio 45202  
(513) 241-8137  
(513) 241-7863 (facsimile)

ATTORNEYS FOR THE PLAINTIFFS

**CERTIFICATE OF SERVICE**

I do hereby certify that on April 30, 2007, I served the foregoing via U.S. Mail and electronic mail upon the following:

Gregory Parker Rogers  
Lawrence James Barty  
Patricia Anderson Pryor  
Taft, Stettinius & Hollister, LLP  
1800 First Star Tower  
425 Walnut Street  
Cincinnati, OH 45202  
Fax: (513) 381-0205

  
PLAINTIFFS' COUNSEL

04/20/2007 09:44 FAX 8063262

ACTC

005/005

**VERIFICATION**

I, Kay Jackson hereby state that the answers to the foregoing interrogatories are true and complete to the best of my knowledge.

Kay Jackson  
Kay Jackson

This the 20th day of April, 2007.



04/04/2007 07:25 7403531002

SHAWNEE MENTAL HEALTH

PAGE 02/25

a Control number <b>312705 4DM</b>		Void <input type="checkbox"/>		OMB No. 1545-0008 <b>4DM</b>		<b>001303</b>		<b>312705</b>			
b Employer identification number <b>31-0843758</b>				7 Wages, tips, other compensation <b>4188.28</b>		2 Federal income tax withheld <b>329.88</b>					
c Employer's name, address, and ZIP code <b>SHAWNEE MENTAL HEALTH CENTER INC P O BOX 1507 PORTSMOUTH OH 45662-3297</b>				3 Social security wages <b>4188.28</b>		4 Social security tax withheld <b>259.67</b>					
				5 Medicare wages and tips <b>4188.28</b>		6 Medicare tax withheld <b>60.73</b>					
				7 Social security tips		8 Allocated tips					
d Employee's social security number				9 Advance EIC payment		10 Dependent care benefits					
e Employee's name, address, and ZIP code <b>KAY P. JACKSON 1223 WINIFRED STREET GREENUP, KY 41144</b>				11 Nonqualified plans		12 Benefits included in box 1					
				13 See instrs. for box 13		14 Other					
				15 Statutory employee <input type="checkbox"/>		Deceased <input type="checkbox"/>		Pension plan <input type="checkbox"/>		Legal rep. <input type="checkbox"/>	
16 State Employer's state I.D. no. <b>KY 039720</b>		17 State wages, tips, etc. <b>4188.28</b>		18 State income tax <b>168.60</b>		19 Locality name		20 Local wages, tips, etc.		21 Local income tax	

Form **W-2** Wage and Tax Statement **1999**  
Copy D For Employer

Department of the Treasury—Internal Revenue Service  
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

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SHAWNEE MENTAL HEAL.

PAGE 03/25

a Control number <b>312705 4DM</b>		OMB No. 1545-0008 <b>4DM</b>		<b>001303</b>		<b>312705</b>					
b Employer identification number <b>31-0843758</b>				1 Wages, tips, other compensation <b>18539.87</b>		2 Federal income tax withheld <b>1451.89</b>					
c Employer's name, address, and ZIP code <b>SHAWNEE MENTAL HEALTH CENTER INC P O BOX 1507 PORTSMOUTH OH 45662-3297</b>				3 Social security wages <b>18539.87</b>		4 Social security tax withheld <b>1149.47</b>					
				5 Medicare wages and tips <b>18539.87</b>		6 Medicare tax withheld <b>268.83</b>					
				7 Social security tips		8 Allocated tips					
				9 Advance EIC payment		10 Dependent care benefits					
d Employee's social security number				11 Nonqualified plans		12 Benefits included in box 1					
				13 See instrs. for box 13		14 Other					
				15 Statutory employee <input type="checkbox"/>		Deceased <input type="checkbox"/>		Pension plan <input type="checkbox"/>		Legal rep. <input type="checkbox"/>	
16 State Employer's state I.D. no.		17 State wages, tips, etc.		18 State income tax		19 Locality name <b>PORTSMOUTH</b>		20 Local wages, tips, etc. <b>18539.87</b>		21 Local income tax <b>259.60</b>	

Form **W-2** Wage and Tax Statement **2000**  
Copy D For Employer

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SHAWNEE MENTAL HEALTH

PAGE 84/25

a Control number <b>312705 4DM</b>		Void <input type="checkbox"/>		OMB No. 1545-0008 4DM		001303		312705	
b Employer identification number <b>31-0843758</b>				1 Wages, tips, other compensation <b>19189.77</b>		2 Federal income tax withheld <b>1537.23</b>			
c Employer's name, address, and ZIP code <b>SHAWNEE MENTAL HEALTH CENTER INC P O BOX 1507 PORTSMOUTH OH 45662-3297</b>				3 Social security wages <b>19189.77</b>		4 Social security tax withheld <b>1189.77</b>			
				5 Medicare wages and tips <b>19189.77</b>		6 Medicare tax withheld <b>278.25</b>			
				7 Social security tips		8 Allocated tips			
d Employee's social security number				9 Advance EIC payment		10 Dependent care benefits			
e Employee's first name and initial Last name <b>KAY F JACKSON 1223 WINIFRED STREET GREENUP, KY 41144</b>				11 Nonqualified plans		12a See instructions for box 12			
				13 Statutory employee Retained plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b			
				14 Other		12c			
						12d			
f Employee's address and ZIP code									
15 State Employer's state ID number <b>KY 039720</b>		16 State wages, tips, etc. <b>19189.77</b>		17 State income tax <b>782.99</b>		18 Local wages, tips, etc. <b>19189.77</b>		19 Local income tax <b>268.75</b>	
								20 Locality name <b>PORTSMOUTH</b>	

Form **W-2** Wage and Tax  
Statement  
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**2001**

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Act Notice, see separate instructions.

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SHAWNEE MENTAL HEAL

PAGE 05/25

a Control number <b>312705 4DM</b>		Void <input type="checkbox"/>		OMB No. 1545-0048 <b>4DM</b>		<b>130304</b>		<b>312705</b>	
b Employer identification number <b>31-0843758</b>				1 Wages, tips, other compensation <b>19429.34</b>		2 Federal income tax withheld <b>1273.22</b>			
c Employer's name, address, and ZIP code <b>SHAWNEE MENTAL HEALTH CENTER INC P O BOX 1507 PORTSMOUTH OH 45662-3297</b>				3 Social security wages <b>19429.34</b>		4 Social security tax withheld <b>1204.62</b>			
				5 Medicare wages and tips <b>19429.34</b>		6 Medicare tax withheld <b>281.73</b>			
				7 Social security tips		8 Allocated tips			
				9 Advance EIC payment		10 Dependent care benefits			
e Employee's last name and initial <b>KAY F</b> <b>1223 WINIFRED STREET GREENUP, KY 41144</b> Last name: <b>JACKSON</b>				11 Nonqualified plans		12a See instructions for box 12			
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b			
				14 Other		12c			
						12d			
f Employee's address and ZIP code									
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
<b>KY</b>	<b>039720</b>	<b>19429.34</b>	<b>798.06</b>	<b>19429.34</b>	<b>271.96</b>	<b>PORTSMOU</b>			

Form **W-2** Wage and Tax  
Statement  
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**2002**  
(Rev. February 2002)

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SHAWNEE MENTAL HEALTH

PAGE 06/25

a Control number <b>312705 4DM</b>		Void <input type="checkbox"/>		OMB No. 1545-0008 <b>4DM</b>		<b>130304</b>		<b>312705</b>	
b Employer identification number <b>31-0843758</b>				1 Wages, tips, other compensation <b>20792.20</b>		2 Federal income tax withheld <b>1346.90</b>			
c Employer's name, address, and ZIP code <b>SHAWNEE MENTAL HEALTH CENTER INC P O BOX 1507 PORTSMOUTH OH 45662-3297</b>				3 Social security wages <b>20792.20</b>		4 Social security tax withheld <b>1289.12</b>			
				5 Medicare wages and tips <b>20792.20</b>		6 Medicare tax withheld <b>301.49</b>			
				7 Social security tips		8 Allocated tips			
				9 Advance EIC payment		10 Dependent care benefits			
d Employee's social security number				11 Nonqualified plans		12a See instructions for box 12			
e Employee's first name and initial Last name <b>KAY F JACKSON 1001 WINIFRED STREET GREENUP, KY 41144</b>				13a Salaried employee <input type="checkbox"/>		13b <input type="checkbox"/>			
				Retirement plan <input type="checkbox"/>		13c <input type="checkbox"/>			
				14 Other		13d <input type="checkbox"/>			
f Employee's address and ZIP code									
15 State Employer's state ID number <b>KY 039720</b>		16 State wages, tips, etc. <b>20792.20</b>		17 State income tax <b>848.41</b>		18 Local wages, tips, etc. <b>21271.28</b>		19 Local income tax <b>297.77</b>	
								20 Locality name <b>PORTSMOUTH</b>	

Form **W-2** Wage and Tax  
Statement  
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**2003**

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04/04/2007 07:25 7403531002

SHAWNEE MENTAL HEALTH

PAGE 07/25

a Control number <b>312705 4DM</b>		Void <input type="checkbox"/>		OMB No. 1545-0008 <b>4DM</b>		<b>130304</b>		<b>312705</b>	
b Employer identification number <b>31-0843758</b>				1 Wages, tips, other compensation <b>22401.15</b>		2 Federal income tax withheld <b>1647.84</b>			
c Employer's name, address, and ZIP code <b>SHAWNEE MENTAL HEALTH CENTER INC P O BOX 1507 PORTSMOUTH OH 45662-3297</b>				3 Social security wages <b>22401.15</b>		4 Social security tax withheld <b>1388.87</b>			
				5 Medicare wages and tips <b>22401.15</b>		6 Medicare tax withheld <b>324.82</b>			
				7 Social security tips		8 Allocated tips			
d Employee's social security number				9 Advance EIC payment		10 Dependent care benefits			
e Employee's first name and initial Last name <b>KAY F JACKSON 1001 WINIFRED STREET GREENUP, KY 41144</b>				11 Nonqualified plans		12a See instructions for box 12			
				13 Salary/wage type <input type="checkbox"/> Salary <input type="checkbox"/> Wages <input type="checkbox"/> Other		12b			
				14 Other		12c			
						12d			
f Employee's address and ZIP code									
15 State Employer's state ID number <b>KY 039720</b>		16 State wages, tips, etc. <b>22401.15</b>		17 State income tax <b>978.79</b>		18 Local wages, tips, etc. <b>22401.15</b>		19 Local income tax <b>313.61</b>	
								20 Locality name <b>PORTSMOUTH</b>	

Form **W-2** Wage and Tax  
Statement  
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**2004**

Department of the Treasury—Internal Revenue Service  
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SHAWNEE MENTAL HEAL.

PAGE 08/25

a Control number 312705 4DM		Void <input type="checkbox"/>		OMB No. 1545-0008 4DM		130304		312705			
b Employer identification number (EIN) 31-0843758				1 Wages, tips, other compensation 22892.75		2 Federal income tax withheld 1653.16					
c Employer's name, address, and ZIP code SHAWNEE MENTAL HEALTH CENTER INC P O BOX 1507 PORTSMOUTH OH 45662-3297				3 Social security wages 22892.75		4 Social security tax withheld 1419.35					
				5 Medicare wages and tips 22892.75		6 Medicare tax withheld 331.94					
				7 Social security tips		8 Allocated tips					
d Employee's social security number				9 Advance EIC payment		10 Dependent care benefits					
e Employee's first name and initial Last name KAY F JACKSON 1001 WINIFRED STREET GREENUP, KY 41144				11 Nonqualified plans		12a See instructions for box 12					
				13a <input type="checkbox"/> Service <input type="checkbox"/> Retirement <input type="checkbox"/> Third-party net pay		12b					
				14 Other		12c					
						12d					
f Employee's address and ZIP code											
15 State Employer's state ID number KY 039720		16 State wages, tips, etc. 22892.75		17 State income tax 980.00		18 Local wages, tips, etc. 22892.75		19 Local income tax 320.52		20 Locality name PORTSMOU	

Form **W-2** Wage and Tax  
Statement  
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2005

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SHAWNEE MENTAL HEAL.

PAGE 09/25

a Control number 312705 18/4DM		Void <input type="checkbox"/>		OMB No. 1545-0008 4DM		130304		312705	
b Employee identification number (EIN) 31-0843758				1 Wages, tips, other compensation 22381.68		2 Federal income tax withheld 1593.79			
c Employer's name, address, and ZIP code SHAWNEE MENTAL HEALTH CENTER INC P O BOX 1507 PORTSMOUTH OH 45662-3297				3 Social security wages 22381.68		4 Social security tax withheld 1387.66			
				5 Medicare wages and tips 22381.68		6 Medicare tax withheld 324.53			
				7 Social security tips		8 Allocated tips			
d Employee's social security number				9 Advance EIC payment		10 Dependent care benefits			
e Employee's first name and initial Last name Suffix. KAY F JACKSON 1001 WINIFRED STREET GREENUP, KY 41144				11 Nonqualified plans		12a See instructions for box 12			
				13 Reasonable employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b			
				14 Other		12c			
						12d			
f Employee's address and ZIP code				15 State wages, tips, etc. 22381.68		17 State income tax 956.44		18 Local wages, tips, etc. 22381.68	
15 State Employer's state ID number KY 039720						19 Local income tax 313.32		20 Locality name PORTSMOUTH	

Form **W-2** Wage and Tax  
Statement  
Copy D—For Employer.

2006

Department of the Treasury—Internal Revenue Service  
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Act Notice, see back of Copy D.

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SHAWNEE MENTAL HEAL.

PAGE 10/25

Form  
1040ADepartment of the Treasury - Internal Revenue Service  
U.S. Individual Income Tax Return (99) 2003

IRS Use Only - Do not write or staple in this space.

Label  
(See page 19.)Use the  
IRS label.  
Otherwise,  
please print  
or type.KAY F JACKSON  
1001 WINIFRED ST  
GREENUP, KY 41144

OMB No. 1545-0085

Your social security number

Spouse's social security number

**Important!**You must enter your  
SSN(s) above.Presidential  
Election Campaign  
(See page 20.)

Note: Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing jointly, have a refundable tax credit?

You

Spouse

Yes ☐ No ☒Yes ☐ No ☐Filing  
Status

1

Single

4

Head of household (with qualifying person). (See page 20.)

Check only  
one box.

2

Married filing jointly (even if only one has income).

If the qualifying person is a child but not your dependent, enter this  
child's name here.

3

Married filing separately. Enter spouse's SSN above and name below.

5

Qualifying widow(er) with dependent child (See page 21.)

Exemptions

6a

☒ Yourself. If your parent (or someone else) can claim you as a  
dependent on his or her tax return, do not check box 6a.

b

☐ Spouse

c

Dependents:

(1) First name

Last name

(2) Dependent's  
social security number(3) Dependent's  
relationship to  
you(4) ☒ If qual.  
child for  
child tax cr.  
(see pg 23)No. of boxes  
checked on  
6a and 6b

1

No. of children  
on 6c who:• lived with  
you

1

• did not live  
with you due  
to divorce or  
separation  
(see page 23)Dependents  
on 6c not  
entered aboveAdd numbers  
on lines  
above

2

d Total number of exemptions claimed.

Income

7

Wages, salaries, tips, etc.

7

20,792.

Attach  
Form(s) W-2  
here. Also  
attach  
Form(s)  
1099-R if tax  
was withheld.

8a

Taxable interest. Attach Schedule D if required.

8a

b

Tax-exempt interest. Do not include on line 8a.

8b

9a

Ordinary dividends. Attach Schedule 1 if required.

9a

b

Qualified dividends (see page 25).

9b

10a

Capital gain distributions (see page 25).

10a

b

Post-May 5 capital gain distributions (see page 25).

10b

11a

IRA  
distributions. 11a

11b

Taxable amount  
(see page 25).

11b

12a

Pensions and  
annuities. 12a

12b

Taxable amount  
(see page 26).

12b

13

Unemployment compensation and taxable permanent fund dividends.

13

14a

Social security  
benefits. 14a

14b

Taxable amount  
(see page 28).

14b

15

Add lines 7 through 14b (far right column). This is your total income.

15

20,792.

Adjusted  
gross  
income

16

Educator expenses (see page 28).

16

17

IRA deduction (see page 28).

17

18

Student loan interest deduction (see page 31).

18

19

Tuition and fees deduction (see page 31).

19

20

Add lines 16 through 19. These are your total adjustments.

20

21 Subtract line 20 from line 15. This is your adjusted gross income.

21

20,792.

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 57.

Form 1040A (2003)

04/04/2007 07:25 7403531002

SHAWNEE MENTAL HEALTH

PAGE 11/25

Form 1040A(2003) KAY F JACKSON

Page 2

Tax,  
credits,  
and  
payments

22 Enter the amount from line 21 (adjusted gross income). 22 20,792.

23a Check ☐ You were born before January 2, 1939, ☐ Blind } Total boxes  
if: ☐ Spouse was born before January 2, 1939, ☐ Blind } checked ☐ 23ab If you are married filing separately and your spouse itemizes deductions, see page 32 and check here ☐ 23bStandard  
Deduction  
for —

• People who checked any box on line 23a or 23b or who can be claimed as a dependent, see page 32.

• All others:

Single or Married filing separately, \$4,750

Married filing jointly or Qualifying widower, \$9,500

Head of household, \$7,000

24 Enter your standard deduction (see left margin). 24 7,000.

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-. 25 13,792.

26 Multiply \$3,050 by the total number of exemptions claimed on line 6d. 26 6,100.

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income. 27 7,692.

28 Tax, including any alternative minimum tax (see page 36). 28 768.

29 Credit for child and dependent care expenses. Attach Schedule 2. 29

30 Credit for the elderly or the disabled. Attach Schedule 3. 30

31 Education credits. Attach Form 8863. 31

32 Retirement savings contributions credit. Attach Form 8880. 32

33 Child tax credit (see page 37). 33 600.

34 Adoption credit. Attach Form 8839. 34

35 Add lines 29 through 34. These are your total credits. 35 600.

36 Subtract line 35 from line 28. If line 35 is more than line 28, enter -0-. 36 168.

37 Advance earned income credit payments (see page 36). 37

38 Add lines 36 and 37. This is your total credit. 38 168.

39 Federal income tax withheld (see Form W-2 and 1099). 39 1,347.

40 2003 estimated tax payments and amount applied from 2002 return. 40

41 Earned income credit (EIC). 41 1,421.

42 Additional child tax credit. Attach Form 8812. 42

43 Add lines 39 through 42. These are your total payments. 43 2,768.

44 If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you overpaid. 44 2,600.

45a Amount of refund you want refunded to you. 45a 2,600.

b Routing number  45bc Type ☐ Checking ☐ Savingsd Account number  45d

46 Amount of line 44 you want applied to your 2004 estimated tax. 46

47 Amount you owe. Subtract line 43 from line 38. For details on how to pay, see page 51. 47

48 Estimated tax penalty (see page 51). 48

## Refund

Direct deposit? See page 50 and fill in 45b, 45c, and 45d.

Amount  
you oweThird party  
designeeDo you want to allow another person to discuss this return with the IRS (see page 52)? ☒ Yes. Complete the following. ☐ NoDesignee's name  Title no.  Personal ID number (PIN) b PREPARER Sign  
here

Joint return? See page 20. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return, including attachments and all schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature  Date  Your occupation  Daytime phone number 

For Info Only-Do not file

Spouse's signature. If a joint return, both must sign. Date  Spouse's occupation 

For Info Only-Do not file

Paid  
preparer's  
use onlyPreparer's signature  Date  Check if self-employed ☒ Preparer's SSN or PTIN Firm's name (or yours if self-employed), address, and ZIP code  EIN 

H AND R BLOCK GREENUP, KY 41144-0000 EIN 61-0890080

Phone no. (606) 473-9841

Form 1040A (2003)

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SHAWNEE MENTAL HEAL.

PAGE 12/25

42A740  
Revenue Cabinet

740 KENTUCKY

2003

## Individual Income Tax Return

Full-Year Residents Only

or taxable year beginning 2003, and ending 2003

A. Spouse's Social Security Number B. Your Social Security Number

Name - Last, First, Middle Initial (Joint or combined return, give both names and initials.)

JACKSON

KAY

F

Mailing Address (Number and Street including Apartment Number or P.O. Box)

1001 WINIFRED ST

City, Town or Post Office

GREENUP

State ZIP Code  
KY 40344

## FILING STATUS (see instructions)

- 1 ☒ Single  
 2 ☐ Married, filing separately on this combined return. (If both had income.)  
 3 ☐ Married, filing joint return.  
 4 ☐ Married, filing separate returns. Enter spouse's Social Security number above and full name here.

## POLITICAL PARTY/FUND

Designating §2 will not change your refund or tax due.

- |                | A. Spouse | B. Yourself                             |
|----------------|-----------|---|
| Democratic     | (1)       | (4)                                     |
| Republican     | (2)       | (5)                                     |
| No Designation | (3)       | (6) <input checked="" type="checkbox"/> |

## CREDITS

Check Regular

Check both if married

Check both if blind

- 5 (a) Credits for yourself: ☒  
 (b) Credits for spouse:  
 6 List first names of your dependent children who lived with you.  
 (a) DARIUS (b) (c) (d)  
 7 List name and relationship of other dependents.  
 8 Add total number of credits claimed on lines 5, 6 and 7. If married filing separately on a combined return (Filing Status 2), divide the amount on line 8 and enter in Boxes A and B. All other filers enter the amount from line 8 in Box B.  
 Each taxpayer must claim his or her own credits from line 5. Credits from lines 6 and 7 may be divided.

- 5 Enter number of boxes checked 1  
 6 Enter number of children listed 1  
 7 Enter number of other dependents listed 0  
 8 Enter total credits A. B. 2

## ADJUSTED GROSS INCOME

Spouse's name if Filing Status 2 is checked

B. Yourself (or Joint)

- 9 Enter amount from federal Form 1040, line 34: 1040A, line 21 or 1040EZ, line 4 0 0  
 10 Additions from Schedule M, line 10 20,792.00  
 11 Add lines 9 and 10 20,792.00  
 12 Subtractions from Schedule M, line 17 12  
 13 Subtract line 12 from line 11. This is your Kentucky Adjusted Gross Income 20,792.00  
 (If total of Columns A and B is \$25,000 or less, see Low Income Credit in instructions.)

## TAXABLE INCOME

- 14 Itemizers: Enter itemized deductions from Kentucky Schedule A. Nonitemizers: Enter \$1,830 in Columns A and/or B 14 1,830.00  
 15 Subtract line 14 from line 13. This is your Taxable Income 15 18,962.00

## TAX

- 16 Enter tax from Tax Table or Computation. Check if from Schedule TC 16 897.00  
 17 Add tax amount(s) in Columns A and B, line 16 17 897.00

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SHAWNEE MENTAL HEAL.

PAGE 13/25

KAY F JACKSON

FORM 740 (2003)

www.revenue.ky.gov

Page 2

## TAX

18 Enter amount from line 17 .....	18	897.00
19 Multiply line 18 by the low income tax credit decimal amount ( 5%) and enter here .....	19	45.00
20 Subtract line 19 from line 18 .....	20	852.00
21 Enter Child and Dependent Care Credit from federal Form 2441, line 9 x 20% (.20) .....	21	
22 Income Tax Liability. Subtract line 21 from line 20. If line 21 exceeds line 20, enter zero .....	22	852.00
23 Enter KENTUCKY USE TAX from worksheet in the instructions .....	23	
24 Add lines 22 and 23. This is your Total Tax Liability .....	24	852.00
25 (a) Enter Kentucky income tax withheld as shown on attached 2003 wage and tax statement .....	25(a)	
(b) Enter 2003 Kentucky estimated tax payments .....	25(b)	
26 Add lines 25(a) and 25(b) .....	26	848.00
27 If line 26 is larger than line 24, enter AMOUNT OVERPAID (see instructions) .....	27	
See instructions for a detailed description of funds. Enter amount(s) checked		
28 Nature and Wildlife Fund Contribution \$2 \$5 \$10 Other .....	28	
29 Child Victims' Trust Fund Contribution \$2 \$4 Other .....	29	
30 Bluegrass State Games and U.S. Olympic Committee Fund Contribution .....	30	
31 Veterans' Program Trust Fund Contribution .....	31	
32 Add lines 28 through 31 .....	32	
33 Amount of line 27 to be CREDITED to your 2004 ESTIMATED TAX .....	33	0.00
34 Subtract lines 32 and 33 from line 27. Amount to be REFUNDED TO YOU .....	34	

## TAXPAYMENT SUMMARY

35 If line 24 is larger than line 26, enter ADDITIONAL TAX DUE .....	35	4.00
36 (a) 2210-K Penalty .....	36(a)	
(b) Interest .....	36(b)	
37 Add lines 35 and 36(e) and enter here. This is the AMOUNT YOU OWE .....	37	4.00

Make check payable to Kentucky State Treasurer. Write your Social Security number and "KY Income Tax - 2003" on the check. Place on top of wage and tax statements on page 1.

Attach a complete copy of federal Form 1040 if you receive business, or rental income or loss.

If you are not required to attach a copy of your federal return, check here ☒ **FILE**

Do you wish to receive a packet next year? ☒ **FILE**

I, the undersigned, declare under penalties of perjury that I have prepared this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refund being made payable to the joint filers being jointly and severally liable for all taxes accruing under this return.

For Information Only

For Information Only

Your Signature (If joint or combined return, both must sign.)

Spouse's Signature

Date Signed

H AND R BLOCK 41144

01/14/2004

(606) 473-1247

Typed or Printed Name of Preparer Other than Taxpayer

I.D. Number of Preparer

Date

Telephone Number (daytime)

42A7400322

Mail to:

REFUNDS

Kentucky Revenue Cabinet, Frankfort, KY 40618-0008.

1029



PAYMENTS

Kentucky Revenue Cabinet, Frankfort, KY 40618-0008.

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SHAWNEE MENTAL HEAL.

PAGE 14/25

Form 1040A Department of the Treasury - Internal Revenue Service U.S. Individual Income Tax Return (99) 2004 IRS Use Only - Do not write or staple in this space.

**Label** (See page 18.) **Use the IRS label. Otherwise, please print or type.**

**KAY F JACKSON**  
**1001 WINIFRED ST**  
**GREENUP, KY 41144**

OMB No. 1545-0085  
 Your social security number \_\_\_\_\_  
 Spouse's social security number \_\_\_\_\_

**Important!**  
 You must enter your SSN(s) above.

**Presidential Election Campaign** (See page 18.) **Note.** Checking "Yes" will not change your tax or reduce your refund.  
 Do you, or your spouse if filing a joint return, wish to contribute to the Presidential Election Campaign?  
 You ☐ Yes ☒ No Spouse ☐ Yes ☐ No

**Filing Status**  
 1 ☐ Single  
 2 ☐ Married filing jointly (even if only one has income)  
 3 ☐ Married filing separately. Enter spouse's SSN above and name below.  
 4 ☐ Head of household (with qualifying person). (See page 19.)  
 5 ☐ Qualifying widow(er) with dependent child (see page 19)

**Exemptions**  
 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.  
 b ☐ Spouse  
 c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If qual. child for child tax cr. (see pg 21)	No. of children on bc who: <input checked="" type="checkbox"/> lived with you <input type="checkbox"/> did not live with you due to divorce or separation (see page 21)
DARIUS	JACKSON		son	<input checked="" type="checkbox"/>	1

If more than six dependents, see page 20.

d Total number of exemptions claimed. **2**

**Income**  
 7 Wages, salaries, tips, etc. **22,401.**

**Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.**

8a Taxable interest. Attach Schedule D if required.  
 8b Tax-exempt interest. Do not include on line 8a.  
 9a Ordinary dividends. Attach Schedule 1 if required.  
 9b Qualified dividends (see page 19).  
 10 Capital gain distributions (see page 19).

11a IRA distributions. 11b Taxable amount (see page 23).  
 12a Pensions and annuities. 12b Taxable amount (see page 24).  
 13 Unemployment compensation & Alaska Permanent Fund dividends.  
 14a Social security benefits. 14b Taxable amount (see page 26).

15 Add lines 7 through 14b (far right column). This is your total income. **22,401.**

**Adjusted gross income**  
 16 Educator expenses (see page 27).  
 17 IRA deduction (see page 26).  
 18 Student loan interest deduction (see page 29).  
 19 Tuition and fees deduction (see page 29).  
 20 Add lines 16 through 19. These are your total adjustments.

21 Subtract line 20 from line 15. This is your adjusted gross income. **22,401.**

**KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 57.**

Form 1040A (2004)

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04/04/2007 07:25

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SHAWNEE MENTAL HEAL.

PAGE 15/25

Form 1040A(2004) KAY F. JACKSON

Page 2

## Tax, credits, and payments

22 Enter the amount from line 21 (adjusted gross income). 22 22,401.

23a Check ☐ You were born before January 2, 1940, ☐ Blind Total boxes checked ☐ 23a ☐  
If: ☐ Spouse was born before January 2, 1940, ☐ Blindb If you are married filing separately and your spouse itemizes deductions, see page 30 and check here ☐ 23b

24 Enter your standard deduction (see left margin). 24 7,150.

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-. 25 15,251.

26 If line 22 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 8d. If line 22 is over \$107,025, see the worksheet on page 32. 26 6,200.

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income. 27 9,051.

28 Tax, including any alternative minimum tax (see page 30). 28 908.

29 Credit for child and dependent care expenses. Attach Schedule 2. 29

30 Credit for the elderly or the disabled. Attach Schedule 3. 30

31 Education credits. Attach Form 8863. 31

32 Retirement savings contributions credit. Attach Form 8880. 32

33 Child tax credit (see page 36). 33 908.

34 Adoption credit. Attach Form 8812. 34

35 Add lines 29 through 34. These are your total credits. 35 908.

36 Subtract line 35 from line 27. If line 35 is more than line 27, enter -0-. 36 0.

37 Advance earned income credit payment from line 36. 37

38 Add lines 36 and 37. This is your total tax. 38 0.

39 Federal income tax withheld from Forms W-2 and 1099. 39 1,648.

40 2004 estimated tax payments and amount applied from 2003 return. 40

41a Earned income credit (EIC). 41a 1,264.

b Nontaxable combat pay election. 41b

42 Additional child tax credit. Attach Form 8812. 42 92.

43 Add lines 39, 40, and 42. These are your total payments. 43 3,004.

44 If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you overpaid. 44 3,004.

45a Amount of line 44 you want refunded to you. 45a 3,004.

b Routing number ☐ c Type: ☒ Checking ☐ Savingsd Account number ☐

46 Amount of line 44 you want applied to your 2005 estimated tax. 46

## Amount you owe

47 Amount you owe. Subtract line 43 from line 38. For details on how to pay, see page 51. 47

48 Estimated tax penalty (see page 51). 48

## Third party designee

Do you want to allow another person to receive this return with the IRS (see page 52)? ☒ Yes. Complete the following. ☐ NoDesignee's name ☐ Phone no. ☐ Personal ID number ☐  
b HR BLOCK (606) 473-9841 (PIN) 17324

## Sign here

Joint return? See page 18. Keep a copy for your records.

Your signature ☐ Date ☐ Your occupation ☐ Daytime phone number ☐  
For Info Only-Do not file ☐  
Spouse's signature. If a joint return, both must sign. ☐ Date ☐ Spouse's occupation ☐

## Paid preparer's use only

Preparer's signature ☐ Date 1/7/2005 Check if self-employed ☐ Preparer's SSN or PTIN P00031517  
Firm's name (or yours if self-employed), address, and ZIP code GREENUP KY EIN 61-0890080  
GREENUP, KY 41144 Phone no. (606) 473-9841

Form 1040A (2004)

1040A (2004)

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SHAWNEE MENTAL HEALTH

PAGE 16/25

42A740  
Department  
of Revenue**740 KENTUCKY**  
**INDIVIDUAL INCOME TAX RETURN**  
Full-Year Residents Only**2004**

or taxable year beginning 2004, and ending 2004

A. Spouse's Social Security Number B. Your Social Security Number

Name - Last, First, Middle Initial (Joint or combined return, give both names and initials.)

**JACKSON****KAY****F**

Mailing Address (Number and Street or P.O. Box)

**1001 WINIFRED ST**

Apartment Number

City, Town or Post Office

**GREENUP**State ZIP Code  
**KY 40344****COPY****FILING STATUS** (see instructions)

- 1 ☒ **Single**
- 2 ☐ **Married, filing separately on this combined return. (If both had income.)**
- 3 ☐ **Married, filing joint return.**
- 4 ☐ **Married, filing separate returns. Enter spouse's Social Security number above and full name here.**

**POLITICAL PARTY/FUND**

Designating \$2 will not change your refund or tax due.

	A. Spouse	B. Yourself
Democratic	(1)	(4)
Republican	(2)	(5)
No Designation	(3)	(6) <input checked="" type="checkbox"/>

**CREDITS**

Check Regular

Check both if married

Check both if blind

- 5 (a) Credits for yourself: ☒ **X**
- (b) Credits for spouse: ☐
- 6 List first names of your dependent children who live with you.
- (a) **DARIUS** (b) ☐ (c) ☐
- 7 List name and relationship of other dependents.
- 8 Add total number of credits claimed on lines 5, 6 and 7. If married filing separately on a combined return (Filing Status 2), divide the amount on line 8 and enter in Boxes A and B. All other filers enter the amount from line 8 in Box B.
- Each taxpayer must claim his or her own credits from line 5. Credits from lines 6 and 7 may be divided.

5 Enter number of boxes checked **1**

6 Enter number of children listed **1**

7 Enter number of other dependents listed **0**

8 Enter total credits **2**

A. **2** B. **2**

**ADJUSTED GROSS INCOME**

- 9 Enter amount from federal Form 1040, line 36; 1040A, line 21 or 1040EZ, line 4 **0**
- 10 Additions from Schedule M, line 1 **0**
- 11 Add lines 9 and 10 **11**
- 12 Subtractions from Schedule M, line 17 **12**
- 13 Subtract line 12 from line 11. This is your **13**  
**Kentucky Adjusted Gross Income**
- (If total of Columns A and B is \$25,000 or less, see Low Income Credit in instructions.)

Spouse's Adjusted Gross Income (if Filing Status 2 is checked)

B. Yourself (or Joint)

**22,401.00****22,401.00****22,401.00****TAXABLE INCOME**

- 14 Itemizers: Enter itemized deductions from Kentucky Schedule A. Nonitemizers: Enter \$1,870 in Columns A and/or B **14**
- 15 Subtract line 14 from line 13. This is your Taxable Income **15**

**1,870.00****20,531.00****TAX**

16 Enter tax from Tax Table or Computation.

Check if from Schedule TC

**16****992.00**

17 Add tax amount(s) in Columns A and B, line 16

**17****992.00****FILE**

1029

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04/04/2007 07:25 7403531

SHAWNEE MENTAL HEAL

PAGE 17/25

KAY F JACKSON

FORM 740 (2004)

www.revenue.ky.gov

Page 2

## TAX

18 Enter amount from line 17 ..... 18 992.00

19 Multiply line 18 by the low income tax credit decimal amount ( 5%) and enter here ..... 19 50.00

20 Subtract line 19 from line 18 ..... 20 942.00

21 Enter Child and Dependent Care Credit from federal Form 2441, line 9 x 20% (.20) ..... 21

22 Income Tax Liability. Subtract line 21 from line 20. If line 21 exceeds line 20, enter zero ..... 22 942.00

23 Enter KENTUCKY USE TAX from worksheet in the instructions ..... 23

24 Add lines 22 and 23. This is your Total Tax Liability ..... 24 942.00

25 (a) Enter Kentucky income tax withheld as shown on attached 2004 Form W-2, Wage and Tax Statement(s) ..... 25 79.00

(b) Enter 2004 Kentucky estimated tax payments made ..... 25

26 Add lines 25(a) and 25(b) ..... 26 979.00

27 If line 26 is larger than line 24, enter AMOUNT OVERPAID (see instructions) ..... 27 37.00

See instructions for a detailed description of funds. (Enter amount(s) checked)

28 Nature and Wildlife Fund Contribution \$2 \$5 \$10 Other ..... 28

29 Child Victims' Trust Fund Contribution \$2 \$4 Other ..... 29

30 Bluegrass State Games and U.S. Olympic Committee Fund Contribution ..... 30

31 Veterans' Program Trust Fund Contribution ..... 31

32 Add lines 28 through 31 ..... 32

33 Amount of line 27 to be CREDITED to your 2005 estimated tax ..... **ESTIMATED TAX** 33 0.00

34 Subtract lines 32 and 33 from line 27. Amount to be REFUNDED TO YOU ..... **REFUND** 34 37.00

## TAX PAYMENT SUMMARY

35 If line 24 is larger than line 26, enter ADDITIONAL TAX DUE ..... 35

36 (a) 2210-K penalty (1) Late payment penalty (2) Late filing penalty

Check if Form 2210-K attached ..... 36

(b) Interest (c) Add lines 36(a) through 36(d) Enter here ..... 36(e)

37 Add lines 35 and 36(e) and enter here. This is the AMOUNT YOU OWE ..... **OWE** 37

Make check payable to Kentucky State Treasurer.

Write your Social Security number and "KY Income Tax - 2004" on the check.

Staple check on top of attached wage and tax statement on page 1.

Attach a complete copy of federal Form 1040 if you received income from a farm, business, or rental income or loss.

If you are not required to attach a copy of your federal return, check here ☒ X

Do you wish to receive a packet next year? (check one) 1 2 X

I, the undersigned, declare under penalties of perjury that I have examined this return, including attachments and schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refund being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

For Information Only Your Signature (If joint or combined return, both must sign.)

For Information Only Spouse's Signature Date Signed

TERESA COTTON

01/07/2005

Typed or Printed Name of Preparer Other than Taxpayer

I.D. Number of Preparer

Date

(606) 473-1247 Telephone Number (daytime)

Mail to:

REFUNDS

Kentucky Department of Revenue, Frankfort, KY 40618-0006.

1029



PAYMENTS

Kentucky Department of Revenue, Frankfort, KY 40619-0006.

## Official Use Only

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SHAWNEE MENTAL HEAL.

PAGE 18/25



# KENTUCKY INDIVIDUAL INCOME TAX RETURN

## Full-Year Residents Only

COPY

42A740

Department of Revenue

For calendar year or other taxable year beginning \_\_\_\_\_, 2005, and ending \_\_\_\_\_, 2005.

2005

A. Spouse's Social Security Number		B. Your Social Security Number	
Name—Last, First, Middle Initial (Joint or combined return, give both names and initials.)			
Jackson, Kay F			
Mailing Address (Number and Street or P.O. Box)		Apartment Number	
1001 Winifred St.			
City, Town or Post Office	State	ZIP Code	
Greenville	KY	41144	

FILING STATUS (see instructions)		POLITICAL PARTY FUND													
1 <input checked="" type="checkbox"/> Single 2 <input type="checkbox"/> Married, filing separately on this combined return. (If both had income.) 3 <input type="checkbox"/> Married, filing joint return. 4 <input type="checkbox"/> Married, filing separate returns. Enter spouse's Social Security number above and full name here.		Designating \$2 will not change your refund or tax due. <table border="1"> <tr> <th></th> <th>A. Spouse</th> <th>B. Yourself</th> </tr> <tr> <td>Democratic</td> <td>(1) <input type="checkbox"/></td> <td>(4) <input type="checkbox"/></td> </tr> <tr> <td>Republican</td> <td>(2) <input type="checkbox"/></td> <td>(5) <input type="checkbox"/></td> </tr> <tr> <td>No Designation</td> <td>(3) <input type="checkbox"/></td> <td>(6) <input checked="" type="checkbox"/></td> </tr> </table>			A. Spouse	B. Yourself	Democratic	(1) <input type="checkbox"/>	(4) <input type="checkbox"/>	Republican	(2) <input type="checkbox"/>	(5) <input type="checkbox"/>	No Designation	(3) <input type="checkbox"/>	(6) <input checked="" type="checkbox"/>
	A. Spouse	B. Yourself													
Democratic	(1) <input type="checkbox"/>	(4) <input type="checkbox"/>													
Republican	(2) <input type="checkbox"/>	(5) <input type="checkbox"/>													
No Designation	(3) <input type="checkbox"/>	(6) <input checked="" type="checkbox"/>													

INCOME/TAX		A. Spouse (Use if Filing Status 2 is checked.)	B. Yourself (or Joint)
5 Enter amount from federal Form 1040, line 37; 1040A, line 21 or 1040EZ, line 4. (If total of Columns A and B is \$25,736 or less, you may qualify for the Family Size Tax Credit. See instructions.)	5	00	22893 00
6 Additions from Schedule M, line 6	6	00	00 00
7 Add lines 5 and 6	7	00	22893 00
8 Subtractions from Schedule M, line 16	8	00	00 00
9 Subtract line 8 from line 7. This is your Kentucky Adjusted Gross Income	9	00	22893 00
10 Itemizers: Enter itemized deductions from Kentucky Schedule A.			
Nonitemizers: Enter \$1,910 in Columns A and/or B	10	00	1910 00
11 Subtract line 10 from line 9. This is your Taxable Income	11	00	20983 00
12 Enter tax from Tax Table, Computation or Schedule J.			
Check if from Schedule J <input type="checkbox"/>	12	00	1033 00
13 Enter tax from Form 4972-K <input type="checkbox"/> ; Schedule RC-R <input type="checkbox"/>	13	00	00 00
14 Add lines 12 and 13 and enter total here	14	00	1033 00
15 Enter amounts from page 2, Section A, lines 13A and 13B	15	00	0 00
16 Subtract line 15 from line 14. If line 15 is larger than line 14, enter zero	16	00	1033 00
17 Enter amounts from page 2, Section B, lines 4A and 4B	17	00	40 00
18 Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero	18	00	993 00
19 Add tax amount(s) in Columns A and B, line 18 and enter here	19		993 00
20 Check the box that represents your total family size (see instructions before completing lines 20 and 21)	20		1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
21 Multiply line 19 by Family Size Tax Credit decimal amount (0%) and enter here	21		0 00
22 Subtract line 21 from line 19	22		993 00
23 Enter the Education Tuition Tax Credit from Form 8863-K, line 12	23		00 00
24 Subtract line 23 from line 22	24		993 00
25 Enter Child and Dependent Care Credit from federal Form 2441, line 9 > x 20% (.20)	25		00 00
26 Income Tax Liability. Subtract line 25 from line 24. If line 25 is larger than line 24, enter zero	26		993 00
27 Enter KENTUCKY USE TAX from worksheet in the instructions	27		00 00
28 Add lines 26 and 27. Enter here and on page 2, line 29. This is your Total Tax Liability	28		993 00

Attach a complete copy of federal Form 1040 if you received form, business, or rental income or loss. If not required, check here. ☐ Do you wish to receive a packet next year? (check one) 1 ☐ Yes 2 ☒ No

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

X Your Signature (If joint or combined return, both must sign.) X Spouse's Signature ( ) Date Signed Telephone Number (daytime)

Typed or Printed Name of Preparer Other than Taxpayer

I.D. Number of Preparer

Date

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04/04/2007 07:25 7403531002

SHAWNEE MENTAL HEAL.

PAGE 19/25

## FORM 740 (2005)

www.revenue.ky.gov

Page 2

## REFUND/TAX PAYMENT SUMMARY

29	Enter total tax liability from page 1, line 28	29	993	00
30	(a) Enter Kentucky income tax withheld as shown on attached 2005 Form W-2(s) and other supporting statements	30(a)	980	00
	(b) Enter 2005 Kentucky estimated tax payments	30(b)		00
	(c) Enter refundable Kentucky corporation tax credit (KRS 141.420(3)(c))	30(c)		00
31	Add lines 30(a) through 30(c)	31	980	00
32	If line 31 is larger than line 29, enter AMOUNT OVERPAID (see instructions)	32	13	00
See instructions for a detailed description of funds.				
33	Nature and Wildlife Fund Contribution <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other	33		00
34	Child Victims' Trust Fund Contribution <input type="checkbox"/> \$2 <input type="checkbox"/> \$4 <input type="checkbox"/> Other	34		00
35	Veterans' Program Trust Fund Contribution	35		00
36	Breast Cancer Research and Education Trust Fund Contribution	36		00
37	Add lines 33 through 36	37		00
38	Amount of line 32 to be CREDITED TO YOUR 2005 ESTIMATED TAX	38		00
39	Subtract lines 37 and 38 from line 32. Amount to be REFUNDED TO YOU	39		00
40	If line 29 is larger than line 31, enter ADDITIONAL TAX DUE	40	13	00
41	(a) Estimated tax penalty (c) Late payment penalty			
	<input type="checkbox"/> Check if Form 2210-K attached (d) Late filing penalty			
	(b) Interest (e) Add lines 41(a) through 41(d). Enter here	41(e)		00
42	Add lines 40 and 41(e) and enter here. This is the AMOUNT YOU OWE	42	13	00

Make check payable to Kentucky State Treasurer. Write your Social Security number and "KY Income Tax—2005" on the check.  
Staple check on top of attached wage and tax statements on page 1.

## SECTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS

	A. Spouse	B. Yourself
1 Enter nonrefundable Kentucky corporation tax credit (KRS 141.420(3))	00	00
2 Enter skills training investment credit (attach copy(ies) of certification)	00	00
3 Enter historic preservation restoration credit	00	00
4 Enter credit for tax paid to another state (attach copy of return(s) filed with other state)	00	00
5 Enter unemployment credit (attach Schedule UTC)	00	00
6 Enter recycling and/or composting equipment credit (attach Schedule RC)	00	00
7 Enter Kentucky Investment Fund credit (attach copy(ies) of certification)	00	00
8 Enter credit for purchases of Kentucky coal used for generating electricity	00	00
9 Enter qualified research facility credit (attach Schedule QR)	00	00
10 Enter GED incentive credit (attach Form DAEL-31)	00	00
11 Enter voluntary environmental remediation credit (Brownfields)	00	00
12 Enter biodiesel credit	00	00
13 Add lines 1 through 12, Columns A and B. Enter here and on page 1, line 15	00	00

## SECTION B—PERSONAL TAX CREDITS

	Check Regular	Check both if 65 or over	Check both if blind	
1 (a) Credits for yourself:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Enter number of boxes checked on line 1
(b) Credits for spouse:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Enter number of dependents who:
2 Dependents:				• lived with you
First name Last name	Dependent's Social Security number	Dependent's relationship to you	Check if qualifying child for family size tax credit	• did not live with you (see instructions)
Darius Jackson		Son	<input checked="" type="checkbox"/>	• other dependents
			<input type="checkbox"/>	
3 Add total number of credits claimed on lines 1 and 2. If married filing separately on a combined return (Filing Status 2), each taxpayer must claim his or her own credits from line 1, divide the credits on line 2, and enter the totals in Boxes 3A and 3B. All other filers enter the amount from line 3 in Box 3B				3 Enter total credits
4 Multiply credits on line 3A by \$20 and enter on line 4A. Multiply credits on line 3B by \$20 and enter on line 4B. Enter here and on page 1, line 17, Columns A and B				• 3A x \$20
				• 3B x \$20
				4A 4B

## SECTION C—FAMILY SIZE TAX CREDIT (List the name and Social Security number of qualifying children that are not claimed as dependents in Section B.)

First name	Last name	Social Security number	First name	Last name	Social Security number

REFUNDS Mail to: Kentucky Department of Revenue, Frankfort, KY 40618-0006.  
 PAYMENTS Mail to: Kentucky Department of Revenue, Frankfort, KY 40619-0008.

Official Use Only							
EST	CF	NT	P	B	F	R	1 2

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04/04/2007 07:25 7403531002

SHAWNEE MENTAL HEAL.

PAGE 20/25

Copy

Department of the Treasury — Internal Revenue Service

Form **1040A** **U.S. Individual Income Tax Return (99) 2005** IRS Use Only — Do not write or staple in this space.

**Label** (See instructions.)

Your first name and initial **Kay** Last name **F Jackson**

OMB No. 1545-0074

Your social security number

If a joint return, spouse's first name and initial Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apartment no.

**1001 Winifred Street**

City, town or post office. If you have a foreign address, see instructions. State ZIP code

**Greenup KY 41144**

**▲ You must enter your SSN(s) above ▲**

Checking a box below will not change your tax or refund

**Presidential Election Campaign**

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ☐ You ☐ Spouse

**Filing status**

1 ☐ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here

4 ☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here

5 ☐ Qualifying widow(er) with dependent child (see instructions)

Check only one box.

**Exemptions**

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☐ Spouse

c Dependents:

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit	No. of children on 6c who: • lived with you ..... 1 • did not live with you due to divorce or separation .....
<b>Darius Jackson</b>		<b>Son</b>	<input checked="" type="checkbox"/>	

Dependents on 6c not entered above

d Total number of exemptions claimed **2** Add numbers on lines above

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7 22,893.**

8a Taxable interest. Attach Schedule 1 if required **8a**

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule 1 if required **9a**

b Qualified dividends (see instructions) **9b**

10 Capital gain distributions (see instructions) **10**

11a IRA distributions **11a** 11b Taxable amount **11b**

12a Pensions and annuities **12a** 12b Taxable amount **12b**

13 Unemployment compensation and Alaska Permanent Fund dividends **13**

14a Social security benefits **14a** 14b Taxable amount **14b**

15 Add lines 7 through 14b (far right column). This is your total income **15 22,893.**

**Adjusted gross income**

16 Educator expenses (see instructions) **16**

17 IRA deduction (see instructions) **17**

18 Student loan interest deduction (see instructions) **18**

19 Tuition and fees deduction (see instructions) **19**

20 Add lines 16 through 19. These are your total adjustments **20**

21 Subtract line 20 from line 15. This is your adjusted gross income **21 22,893.**

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see Instructions.

Form 1040A (2005)

04/04/2007 07:25 7403531buz

SHAWNEE MENTAL HEAL.

PAGE 21/25

Form 1040A (2005) Kay F Jackson

Page 2

Tax,  
credits,  
and  
payments

22 Enter the amount from line 21 (adjusted gross income) 22 22,893.

23a Check ☐ You were born before January 2, 1941, ☐ Blind ☐ Spouse was born before January 2, 1941, ☐ Blind Total boxes checked 23a ☐b If you are married filing separately and your spouse itemizes deductions, see instructions and check here 23b ☐

24 Enter your standard deduction (see left margin) 24 7,300.

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0- 25 15,593.

26 If line 22 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d 26 6,400.

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income 27 9,193.

28 Tax, including any alternative minimum tax (see instructions) 28 918.

29 Credit for child and dependent care expenses.

Attach Schedule 2 29

30 Credit for the elderly or the disabled. Attach Schedule 3 30

31 Education credits. Attach Form 8863 31

32 Retirement savings contributions credit. Attach Form 8880 32

33 Child tax credit (see instructions). Attach Form 8901 if required 33 918.

34 Adoption credit. Attach Form 8839 34

35 Add lines 29 through 34. These are your total credits 35 918.

36 Subtract line 35 from line 28. If line 35 is more than line 28, enter -0- 36 0.

37 Advance earned income credit payments from Form(s) W-2 37

38 Add lines 36 and 37. This is your total tax 38 0.

39 Federal income tax withheld from Forms W-2 and 1099 39 1,653.

40 2005 estimated tax payments and amount applied from 2004 return 40

41a Earned income credit (EIC) 41a 1,303.

b Nontaxable combat pay election. 41b

42 Additional child tax credit. Attach Form 8812 42 82.

43 Add lines 39, 40, 41a, and 42. These are your total payments 43 3,038.

## Refund

44 If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you overpaid 44 3,038.

45a Amount of line 44 you want refunded to you 45a 3,038.

b Routing number c Type: ☒ Checking ☐ Savings

d Account number

46 Amount of line 44 you want applied to your 2006 estimated tax 46

Amount  
you owe

47 Amount you owe. Subtract line 43 from line 38. For details on how to pay, see instructions 47

48 Estimated tax penalty (see instructions) 48

Third party  
designeeDo you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Designee's name

Phone no.

Personal identification number (PIN)

Sign  
here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature

Date

Your occupation

Daytime phone number

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

Joint return?  
See instructions.  
Keep a copy  
for your records.Paid  
preparer's  
use only

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code

Self-Prepared

EIN  
Phone no.

FDIA1312 10/27/05

Form 1040A (2005)

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04/04/2007 07:25 7403531002

SHAWNEE MENTAL HEALTH

PAGE 22/25

Form 1040A Department of the Treasury - Internal Revenue Service U.S. Individual Income Tax Return (99) 2006 IRB Use Only - Do not write or staple in this space.

**Label** (See page 18.) **Use the IRS label.** Otherwise, please print or type.

**KAY F JACKSON**  
1001 WINIFRED ST  
GREENUP, KY 41144

**OMB No. 1545-0074**  
**Your social security number**  
**Spouse's social security number**

**You must enter your SSN(s) above.**  
Checking a box below will not change your tax or refund.

**Presidential Election Campaign** Check here if you, or your spouse, if filing jointly, want to skip this part (see page 18). ☐ You ☐ Spouse

**Filing status**  
1 ☐ Single  
2 ☐ Married filing jointly (or if only one has income, check here) (See page 19.)  
3 ☐ Married filing separately. If spouse's SSN is above, enter name below.  
4 ☐ Head of household (with qualifying person). (See page 19.)  
5 ☐ Qualifying widow(er) with dependent child (see page 20)

**Exemptions**  
6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.  
b ☐ Spouse  
c **Dependents:**  
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If equal child for child tax cr. (see pg 21)  
DARIUS JACKSON ☒ X  
If more than six dependents, see page 21.  
d **Total number of exemptions claimed.** Add numbers on lines above **2**

**Income**  
7 **Wages, salaries, tips, etc. Attach Form(s) W-2.** 7 **22,382.**

**Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.**  
8a **Taxable interest.** (See Schedule B if required.) 8a  
b **Tax-exempt interest.** Do not include on line 8a. 8b  
9a **Ordinary dividends.** Attach Schedule 1 if required. 9a  
b **Qualified dividends.** (see page 25). 9b  
10 **Capital gain distributions.** (see page 25). 10  
11a **IRA distributions.** 11a 11b **Taxable amount** (see page 25). 11b  
12a **Pensions and annuities.** 12a 12b **Taxable amount** (see page 26). 12b  
13 **Unemployment compensation, Alaska Permanent Fund dividends, and jury duty pay.** 13  
14a **Social security benefits.** 14a 14b **Taxable amount** (see page 28). 14b  
15 **Add lines 7 through 14b (far right column). This is your total income.** 15 **22,382.**

**Adjusted gross income**  
16 **Penalty on early withdrawal of savings** (see page 28). 16  
17 **IRA deduction** (see page 28). 17  
18 **Student loan interest deduction** (see page 31). 18  
19 **Jury Duty pay you gave your employer** (see page 31). 19  
20 **Add lines 16 through 19. These are your total adjustments.** 20  
21 **Subtract line 20 from line 15. This is your adjusted gross income.** 21 **22,382.**

**KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 58.** Form 1040A (2006)



04/04/2007 07:25 7403531002

SHAWNEE MENTAL HEAL.

PAGE 23/25

Form 1040A (2006) **KAY F JACKSON**

Page 2

**Tax, credits, and payments****Standard Deduction for —**

• People who checked any box on line 23a or 23b or who can be claimed as a dependent, see page 32.

• All others:  
Single or Married filing separately, \$5,150  
Married filing jointly or Qualifying widow(er), \$10,300  
Head of household, \$7,550

22 Enter the amount from line 21 (adjusted gross income). 22 22,382.

23a Check ☐ You were born before January 2, 1942, ☐ Blind Total boxes checked ▶ 23a ☐  
If: ☐ Spouse was born before January 2, 1942, ☐ Blindb If you are married filing separately and your spouse itemizes deductions, see page 32 and check here ▶ 23b ☐

24 Enter your standard deduction (see left margin). 24 7,550.

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-. 25 14,832.

26 If line 22 is \$112,875 or you provided housing to a person displaced by Hurricane Katrina, see page 32. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d. 26 6,600.

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income. ▶ 27 8,232.

28 Tax, including any alternative minimum tax (see page 32). 28 823.

29 Credit for child and dependent care expenses. Attach Schedule 2. 29

30 Credit for the elderly or the disabled. Attach Schedule 3. 30

31 Education credits. Attach Form 8883. 31

32 Retirement savings contributions credit. Attach Form 8880. 32

33 Child tax credit (see page 37). Attach Form 8901 if required. 33 823.

34 Add lines 29 through 33. These are your total credits. 34 823.

35 Subtract line 34 from line 33. If line 34 is more than line 33, enter -0-. 35 0.

36 Advance earned income credit payments (see page 32, box 9). 36

37 Add lines 35 and 36. This is your total refund. ▶ 37 0.

38 Federal income tax withheld (see Form W-2 and Form 990). 38 1,594.

39 2006 estimated tax payments and amount applied from 2005 return. 39

40a Earned income credit (EIC). 40a 1,538.

b Nontaxable combat pay election. 40b

41 Additional child tax credit. Attach Form 8812. 41 177.

42 Credit for federal telephone excise tax paid. Attach Form 8913 if required. 42 40.

43 Add lines 38, 39, 40a, 41, and 42. These are your total payments. ▶ 43 3,349.

44 If line 43 is more than line 37, subtract line 37 from line 43. This is the amount you overpaid. 44 3,349.

45a Amount of line 44 you want refunded to you. If Form 8888 is attached, check here ▶ 45a 3,349.

▶ b Routing number  ▶ c Type: ☒ Checking ☐ Savings▶ d Account number 

46 Amount of line 44 you want applied to your 2007 estimated tax. 46

**Refund**

Direct deposit?  
See page 53 and fill in 45b, 45c, and 45d or Form 8888.

**Amount you owe**

47 Amount you owe. Subtract line 46 from line 37, or details on how to pay, see page 54. ▶ 47

48 Estimated tax penalty (see page 54). 48

**Third party designee**Do you want to allow another person to discuss this return with the IRS (see page 55)? ☐ Yes. Complete the following. ☒ NoDesignee's name  Personal ID number (PIN) ▶ **Sign here**

Joint return? See page 16. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
<b>For Info Only-Do not file</b>		<b>CLERICAL</b>	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
<b>For Info Only-Do not file</b>			

**Paid preparer's use only**

Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN
<b>H AND R BLOCK</b>	<b>1/13/2007</b>		<b>P00003189</b>
Firm's name (or yours if self-employed), address, and ZIP code	<b>GREENUP, KY 41144</b>		EIN <b>61-0890080</b>
			Phone no. <b>(606) 473-9841</b>

1040A (2006)

FD1040A-2V1.16

**CONFIDENTIAL**

Form 1040A (2006)

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SHAWNEE MENTAL HEALTH

PAGE 24/25

740

42A740

Department of Revenue

KENTUCKY  
INDIVIDUAL INCOME TAX RETURN  
Full-Year Residents Only

Kentucky

2006

For calendar year or other taxable year beginning \_\_\_\_\_, 2006, and ending \_\_\_\_\_, 2006

A. Spouse's Social Security Number B. Your Social Security Number

Name - Last, First, Middle Initial (Joint or combined return, give both names and initials.)

L JACKSON KAY F

A Mailing Address (Number and Street or P.O. Box)

Apartment Number

B

E 1001 WINIFRED ST

L City, Town or Post Office

GREENUP

KY 40444

## FILING STATUS (see instructions)

- 1 ☒ Single
- 2 Married, filing separately on this combined return. (If both had income.)
- 3 Married, filing joint return.
- 4 Married, filing separate returns. Enter spouse's Social Security number above and full name here.

## POLITICAL PARTY/FUND

Designating \$2 will not change your refund or tax due.

	A. Spouse	B. Yourself
Democratic	(1)	(4)
Republican	(2)	(5)
No Designation	(3)	(6) <input checked="" type="checkbox"/>

## INCOME/TAX

- 5 Enter amount from federal Form 1040, line 37 (plus line 20 of 1040EZ line 10) (If total of Columns A and B is \$26,600 or less, you may use the Family Size Tax Credit. See instructions.) ..... 5 ☒ 22,382.00
- 6 Additions from Schedule M, line 6 ..... 6 ☒ 22,382.00
- 7 Add lines 5 and 6 ..... 7 ☒ 22,382.00
- 8 Subtractions from Schedule M, line 16 ..... 8 ☒ 22,382.00
- 9 Subtract line 8 from line 7. This is your Kentucky Adjusted Gross Income ..... 9 ☒ 22,382.00
- 10 Itemizers: Enter itemized deductions from Kentucky Schedule A. Nonitemizers: Enter \$1,970 in Columns A and/or B ..... 10 ☒ 1,970.00
- 11 Subtract line 10 from line 9. This is your Taxable Income ..... 11 ☒ 20,412.00
- 12 Enter tax from Tax Table, Computation or Schedule J. Check if from Schedule J ..... 12 ☒ 1,000.00
- 13 Enter tax from Form 4972-K (Schedule R) ..... 13 ☒ 0.00
- 14 Add lines 12 and 13 and enter here ..... 14 ☒ 1,000.00
- 15 Enter amounts from page 2, Section A, lines 4 and 10 ..... 15 ☒ 0.00
- 16 Subtract line 15 from line 14. If line 15 is larger than line 14, enter zero ..... 16 ☒ 1,000.00
- 17 Enter amounts from page 2, Section B, lines 4A and 4B ..... 17 ☒ 40.00
- 18 Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero ..... 18 ☒ 960.00
- 19 Add tax amount(s) in Columns A and B, line 18 and enter here ..... 19 ☒ 960.00
- 20 Check the box that represents your total family size (see instructions before completing lines 20 and 21) ..... 20 ☒ 1 2 X 3 4
- 21 Multiply line 19 by Family Size Tax Credit decimal amount 0.00 ( 0 %) and enter here ..... 21 ☒ 0.00
- 22 Subtract line 21 from line 19 ..... 22 ☒ 960.00
- 23 Enter the Education Tuition Tax Credit from Form 1088-ET ..... 23 ☒ 960.00
- 24 Subtract line 23 from line 22 ..... 24 ☒ 960.00
- 25 Enter Child and Dependent Care Credit from federal Form 2441, line 9 ..... 25 ☒ 960.00
- 26 Income Tax Liability. Subtract line 25 from line 24. If line 25 is larger than line 24, enter zero ..... 26 ☒ 960.00
- 27 Enter KENTUCKY USE TAX from worksheet in the instructions ..... 27 ☒ 960.00
- 28 Add lines 26 and 27. Enter here and on page 2, line 29. ..... 28 ☒ 960.00

Attach a complete copy of federal Form 1040 if you received

Do you wish to receive

farm, business, or rental income or loss. If not required, check here. ☒

a packet next year? (check one)

1 Yes 2 ☒ No

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

## For Information Only

## For Information Only

606-473-1247

Your Signature (If joint or combined return, both must sign.)

Spouse's Signature

Date Signed

Telephone Number (daytime)

ROENNA SPAINHOWER

P00003189

01/13/2007

Typed or Printed Name of Preparer Other than Taxpayer

I.D. Number of Preparer

Date

1029

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04/04/2007 07:25 7403531002

SHAWNEE MENTAL HEALTH

PAGE 25/25

JACKSON KAY F  
FORM 740 (2006)

Page 2



## REFUND/TAX PAYMENT SUMMARY

29 Enter amount from page 1, line 28. This is your Total Tax Liability	29	960.00
30 (a) Enter Kentucky income tax withheld as shown on attached 2006 Form W-2(s) and other supporting statements	30(a) *	956.00
(b) Enter 2006 Kentucky estimated tax payments	30(b) *	
(c) Enter refundable Kentucky corporation tax credit (KRS 141.420(3)(c)) as shown on attached Kentucky Schedule(s) K-1 or Form(s) 725	30(c) *	
31 Add lines 30 (a) through 30 (c)	31	956.00
32 If line 31 is larger than line 29, enter AMOUNT OVERPAID (see instructions)	32	
See instructions for a detailed description of funds		Enter amount(s) checked
33 Nature and Wildlife Fund Contribution \$5 \$10 Other	33 *	
34 Child Victims' Trust Fund Contribution \$4 Other	34 *	
35 Veterans' Program Trust Fund Contribution	35 *	
36 Breast Cancer Research and Education Trust Fund Contribution	36 *	
37 Add lines 33 through 36	37	
38 Amount of line 32 to be CREDITED TO YOUR 2007 ESTIMATED TAX	38 *	0.00
39 Subtract lines 37 and 38 from line 32. Amount to be REFUNDED TO YOU	39 *	4.00
40 If line 29 is larger than line 31, enter ADDITIONAL TAX DUE	40 *	
41 (a) Estimated tax penalty (c) Late payment penalty (d) Late filing penalty	41(e) *	
Check if Form 2210- K attached		
(b) Interest		
42 Add lines 40 and 41(e) and enter here. This is your AMOUNT TO PAY	42	4.00
Make check payable to Kentucky State Treasurer. Write your Social Security Number and "Income Tax - 2006" on the check.		

## SECTION A - BUSINESS INCENTIVE AND OTHER TAX CREDITS

1 Enter nonrefundable Kentucky corporation income tax credit (KRS 141.420(3)) (attach Kentucky Schedule(s) K-1 or Form(s) 725)	1	
2 Enter skills training investment credit (attach copy(ies) of certification)	2	
3 Enter historic preservation restoration credit	3	
4 Enter credit for tax paid to another state (attach copy of other state's return(s))	4	
5 Enter unemployment credit (attach Schedule UTC)	5	
6 Enter recycling and/or composting equipment credit (attach Schedule RC)	6	
7 Enter Kentucky Investment Fund credit (attach copy(ies) of certification)	7	
8 Enter credit for purchases of Kentucky coal used in generating electricity	8	
9 Enter qualified research facility credit (attach Schedule QR)	9	
10 Enter GED incentive credit (attach Form D-3)	10	
11 Enter voluntary environmental remediation credit (Brownfield)	11	
12 Enter biodiesel credit	12	
13 Enter environmental stewardship credit	13	
14 Enter clean coal incentive credit	14	
15 Add lines 1 through 14, Columns A and B. Enter here and on page 1, line 15	15	

SECTION B - PERSONAL TAX CREDITS	Check Regular	Check both if 65 or over	Check both if blind	1 Enter number of boxes checked on line 1	1
1 (a) Credits for yourself:	X				
(b) Credits for spouse:					
2 Dependents:				2 Enter number of dependents who:	
First name	Last name	Dependent's relationship to you	Check if qualifying child for family size tax credit	• lived with you	1
DARIUS	JACKSON		X	• did not live with you (see instructions)	0
3 Add total number of credits claimed on lines 1 and 2. If married filing separately on a combined return (Filing Status 2), each taxpayer must claim his or her own credits from line 1, divide the credits on line 2, and enter the totals in Boxes 3A and 3B. All other filers enter the amount from line 3 in Box 3B				• other dependents	0
4 Multiply credits on line 3A by \$20 and enter on line 4A. Multiply credits on line 3B by \$20 and enter on line 4B. Enter here and on page 1, line 17, Columns A and B				3 Enter total credits	2
				• 3A	2
				• 3B	2
				4A x \$20	40
				4B x \$20	40

## SECTION C - FAMILY SIZE TAX CREDIT (List the name and Social Security number of qualifying children that are not claimed as dependents in Section B.)

First name	Last name	Social Security Number	First name	Last name	Social Security Number
------------	-----------	------------------------	------------	-----------	------------------------

REFUNDS Mail to: Kentucky Department of Revenue, Frankfort, KY 40618-0006.  
 PAYMENTS Mail to: Kentucky Department of Revenue, Frankfort, KY 40619-0008.

Official Use Only							
EST	CF	NT	P	B	F	R	12



## APPLICATION FOR EMPLOYMENT

## AK Steel Corporation



AK Steel Corporation is an Equal Employment Opportunity Employer and as such meets all government regulations pertaining to Equal Employment Opportunity.

Name KAY FRANCES JACKSON Date 7/21/00  
FIRST MIDDLE LAST

Present Address 1223 Winifred St GREENUP KY 41144  
NO. STREET CITY STATE ZIP CODE

Phone Number — or number where you can be reached: (606) 473-1247  
AREA CODE NUMBER

Permanent Address: \_\_\_\_\_  
NO. STREET CITY STATE ZIP CODE

Permanent Phone: (\_\_\_\_\_) \_\_\_\_\_ Social Security # \_\_\_\_\_  
AREA CODE NUMBER

Are you 18 years of age or older? ☒ Yes ☐ No

Are you lawfully entitled to work within the U.S.? YES  
(PROOF OF CITIZENSHIP OR IMMIGRATION STATUS IS REQUIRED UPON EMPLOYMENT)

Have you been convicted of a crime other than a minor traffic violation? No

If yes, explain. ~~See above~~

Date available for employment: ASAP

If the job requires, are you willing to travel? YES Relocate? YES

If the job requires, are you able to work all shifts? YES

Have you previously applied at Armco or AK Steel? YES If yes, when/where? August, 1999 - Ashland, KY

Have you previously worked for Armco or AK Steel? No If yes, when/where? \_\_\_\_\_

EXHIBIT

R JACKSON  
 2 8-14-07  
 AMB

JACKSON  
LAST NAME  
 KAY  
FIRST  
 FRANCES  
MIDDLE

**EDUCATIONAL BACKGROUND:**Circle last grade completed 1 2 3 4 5 6 7 8 9 10 11 12 College hours completed

TYPE OF SCHOOL	NAME AND LOCATION	GRADUATED		DEGREE	FIELD OF STUDY	GRADE POINT/SCALE TOP, MID, BOT. 1/3
		YES	NO			
HIGH	GREENUP County	✓				3.8 (Top)
BUSINESS OR TRADE	Vocational School	✓			Bus. Acct Courses	Top
COLLEGE OR UNIVERSITY						
POST GRADUATE						

List other formal educational experience; e.g., night school, home study courses, GED, etc. \_\_\_\_\_

If presently enrolled, indicate where and field of study: \_\_\_\_\_

Describe any definite plans for further study: \_\_\_\_\_

List significant activities, honors, awards or elective offices which have contributed to your career goals and interests: \_\_\_\_\_

Graduated with honors, received typing I + II awards and math awards.MILITARY SERVICE: Are you a Veteran of the U.S. Military Service? ☐ Yes ☒ No

BRANCH OF SERVICE	HIGHEST RANK OR RATE

Please, indicate any military experience or training you feel might be of interest and value to AK Steel: \_\_\_\_\_

## EMPLOYMENT EXPERIENCE:

## PRESENT OR MOST RECENT POSITION

Name of employer Shawnee Mental Health Center Your title Accts Payable / Payroll

Address 2203 25th Street, Portsmouth, OH Kind of business Mental Health

Describe your position Payroll, making sure invoices are paid on time

Period of employment from 9/99 to Present Name of person for whom you worked Terry Brumfield Rate of earnings \$8.50/hr.  
(MO/YR) (MO/YR)

Give exact reason for leaving \_\_\_\_\_

## NEXT PREVIOUS POSITION

Name of employer Tenneco PKg Your title Sr. Customer Service Rep

Address 300 Harris Rd. - Wurtland KY Kind of business MADE Packaging Materials

Describe your position Tracking shipment delays, making sure material shipped on time  
Taking material orders, entering them in computer, pricing discrepancies

Period of employment from 3/81 to 12/98 Name of person for whom you worked Jackie Smith Rate of earnings \$17.80/hr.  
(MO/YR) (MO/YR)

Give exact reason for leaving Terminated due to centralization of Customer Service

## NEXT PREVIOUS POSITION

Name of employer \_\_\_\_\_ Your title \_\_\_\_\_

Address \_\_\_\_\_ Kind of business \_\_\_\_\_

Describe your position \_\_\_\_\_

Period of employment from \_\_\_\_\_ to \_\_\_\_\_ Name of person for whom you worked \_\_\_\_\_ Rate of earnings \_\_\_\_\_  
(MO/YR) (MO/YR)

Give exact reason for leaving \_\_\_\_\_

## NEXT PREVIOUS POSITION

Name of employer \_\_\_\_\_ Your title \_\_\_\_\_

Address \_\_\_\_\_ Kind of business \_\_\_\_\_

Describe your position \_\_\_\_\_

Period of employment from \_\_\_\_\_ to \_\_\_\_\_ Name of person for whom you worked \_\_\_\_\_ Rate of earnings \_\_\_\_\_  
(MO/YR) (MO/YR)

Give exact reason for leaving \_\_\_\_\_

How much time have you lost from work in the past two years? \_\_\_\_\_

**JOB INTERESTS AND SKILLS:**

For what particular type of work are you making application; e.g., clerical, technical, engineering, professional, sales, labor, etc.

LABOR OR CLERICAL

Expected wage or salary \$ \_\_\_\_\_

If applying for clerical work, list special skills. Include typing (wpm), word processing, computer software, and any office machines or equipment you can operate: TYPE 60WPM, EXPERIENCE ON SWITCHBOARD, WINDOWS 98 AND VARIOUS OTHER GENERAL OFFICE WORK.

If applying for sales, technical, professional, or administrative work, give highlights of any special training or experience which may be helpful: \_\_\_\_\_

If applying for labor or craft work, indicate any training or experience which might be useful. Include any equipment or machinery you can operate: EXPERIENCE IN LOADING TRUCKS & RAILCARS FOR SHIPMENT

Describe any additional qualifications, abilities, or strong points which will help you be successful in the job for which you are applying.

HAVE HAD ADVANCE UNDERSTANDING OF MULTIPLE JOBS.  
I AM EFFICIENT, GOOD-NATURED, FAST LEARNER, ACCURATE  
AND HARD WORKER.

**PERSONAL REFERENCES:**

Please provide the following information on three individuals whom we may contact as references:

NAME	ADDRESS	TELEPHONE NO.	RELATIONSHIP
<u>Rodney Cosby</u>	<u>Greenup, KY</u>	<u>473-6432</u>	<u>FRIEND</u>
<u>Jackie Smith</u>	<u>Lloyd, KY</u>	<u>473-7850</u>	<u>Form. Supv.</u>
<u>Donna Hayes</u>	<u>Wurtland, KY</u>	<u>836-8805</u>	<u>FRIEND</u>

I hereby certify that the foregoing information is accurate, and I authorize AK Steel to verify it. I specifically authorize AK Steel Corporation to obtain information from my former employers and other references, and I authorize my former employers and other references to release information to AK Steel Corporation.

I agree that any false or misleading statement in this application for employment or any additional forms signed by me in connection with my employment shall be sufficient cause for refusal or termination of employment.

I understand that this application is not and is not intended to be a contract of employment. I agree to submit to a physical examination applicable to the requirements of the type of work for which I am applying, including drug and alcohol abuse screening.

Signature of Applicant

Kay F. Jackson

[Signature] 7/22/00

Application received by/Date received

## APPLICATION FOR EMPLOYMENT

AK Steel Corporation



AK Steel Corporation is an Equal Employment Opportunity Employer and as such meets all government regulations pertaining to Equal Employment Opportunity.

Name KAY FRANCES JACKSON Date \_\_\_\_\_  
FIRST MIDDLE LAST

Present Address 1223 Winifred St GREENUP KV 41144  
NO. STREET CITY STATE ZIP CODE

Phone Number — or number where you can be reached: 740 353-2231 EXT 267  
AREA CODE CITY STATE NUMBER

Permanent Address: SAME  
NO. STREET CITY STATE ZIP CODE

Permanent Phone: 606 473-1247 Social Security # \_\_\_\_\_  
AREA CODE NUMBER

Are you 18 years of age or older? ☒ Yes ☐ No

Are you lawfully entitled to work within the U.S.? YES  
(PROOF OF CITIZENSHIP OR IMMIGRATION STATUS IS REQUIRED UPON EMPLOYMENT)

Have you been convicted of a crime other than a minor traffic violation? No

If yes, explain. \_\_\_\_\_

Date available for employment: Need to give 2 week notice at Present Job

If the job requires, are you willing to travel? YES Relocate? YES

If the job requires, are you able to work all shifts? YES

Have you previously applied at Armco or AK Steel? YES If yes, when/where? 1999 & 2001 - Ashland, KY

Have you previously worked for Armco or AK Steel? No If yes, when/where? \_\_\_\_\_

EXHIBIT

K JACKSON  
 3 8-14-07  
 JMB

JACKSON  
 LAST NAME  
 KAY  
 FIRST  
 FRANCES  
 MIDDLE

**EDUCATIONAL BACKGROUND:**

Circle last grade completed 1 2 3 4 5 6 7 8 9 10 11 <u>12</u>												College hours completed	
TYPE OF SCHOOL	NAME AND LOCATION	GRADUATED		DEGREE	FIELD OF STUDY	GRADE POINT/SCALE TOP, MID, BOT, 1/3							
		YES	NO										
HIGH	GREENUP County - Lloyd, KY	✓				3.8 (Top)							
BUSINESS OR TRADE	Vocational School - South Shore, KY	✓			Acct & Math	Top							
COLLEGE OR UNIVERSITY													
POST GRADUATE													

List other formal educational experience; e.g., night school, home study courses, GED, etc. NONE

If presently enrolled, indicate where and field of study: \_\_\_\_\_

Describe any definite plans for further study: \_\_\_\_\_

List significant activities, honors, awards or elective offices which have contributed to your career goals and interests: \_\_\_\_\_

Acct & Math AWARDS while in school

**MILITARY SERVICE:** Are you a Veteran of the U.S. Military Service? ☐ Yes ☒ No

BRANCH OF SERVICE	HIGHEST RANK OR RATE

Please, indicate any military experience or training you feel might be of interest and value to AK Steel:


**EMPLOYMENT EXPERIENCE:****PRESENT OR MOST RECENT POSITION**

Name of employer SHAWNEE Mental Health Center Your title Act/Payroll Clerk  
Address P.O. Box 1507, Portsmouth, OH 45662 Kind of business Mental Health Center  
Describe your position MAKING SURE INVOICES AND EMPLOYEES ARE PAID ON TIME  
Period of employment from 9/99 to PRESENT Name of person for whom you worked TERRY BRUMFIELD Rate of earnings \$8.70/hr  
(MO/YR) (MO/YR)  
Give exact reason for leaving BETTER BENEFITS & PAY

**NEXT PREVIOUS POSITION**

Name of employer Tenneco Pky (now Activ) Your title Sr. Customer Service Rep  
Address 300 HARRIS Rd - Wurtland, KY 41144 Kind of business Packaging Plant  
Describe your position TAKING CUST. ORDERS, PRICING DISCREPANCIES, SHIPPING OUT ON TIME  
Period of employment from 3/81 to 12-98 Name of person for whom you worked GARY HAMM Rate of earnings \$17.60/hr  
(MO/YR) (MO/YR)  
Give exact reason for leaving TERMINATED - DUE TO CENTRALIZATION OF CUST. SERVICE

**NEXT PREVIOUS POSITION**

Name of employer \_\_\_\_\_ Your title \_\_\_\_\_  
Address \_\_\_\_\_ Kind of business \_\_\_\_\_  
Describe your position \_\_\_\_\_  
Period of employment from \_\_\_\_\_ to \_\_\_\_\_ Name of person for whom you worked \_\_\_\_\_ Rate of earnings \_\_\_\_\_  
(MO/YR) (MO/YR)  
Give exact reason for leaving \_\_\_\_\_

**NEXT PREVIOUS POSITION**

Name of employer \_\_\_\_\_ Your title \_\_\_\_\_  
Address \_\_\_\_\_ Kind of business \_\_\_\_\_  
Describe your position \_\_\_\_\_  
Period of employment from \_\_\_\_\_ to \_\_\_\_\_ Name of person for whom you worked \_\_\_\_\_ Rate of earnings \_\_\_\_\_  
(MO/YR) (MO/YR)  
Give exact reason for leaving \_\_\_\_\_

How much time have you lost from work in the past two years? NONE

**JOB INTERESTS AND SKILLS:**

For what particular type of work are you making application; e.g., clerical, technical, engineering, professional, sales, labor, etc.

Labor

Expected wage or salary \$ 13.00/hr (per Newspaper Ad)

If applying for clerical work, list special skills. Include typing (wpm), word processing, computer software, and any office machines or equipment you can operate: \_\_\_\_\_

If applying for sales, technical, professional, or administrative work, give highlights of any special training or experience which may be helpful: \_\_\_\_\_

If applying for labor or craft work, indicate any training or experience which might be useful. Include any equipment or machinery you can operate: \_\_\_\_\_

Describe any additional qualifications, abilities, or strong points which will help you be successful in the job for which you are applying.

Cross trained in shipping dept - loaded trucks before. I AM  
Healthy and I feel there will be no problem doing Labor  
work.

**PERSONAL REFERENCES:**

Please provide the following information on three individuals whom we may contact as references:

NAME	ADDRESS	TELEPHONE NO.	RELATIONSHIP
Donna Hayes	Wurtland, KY	836-0251	Mayor of Wurtland FRIEND/Neighbor
Rodney Cosby	Greenup, KY	-	FRIEND/Neighbor
Calvin Trotter	Ashland, KY	325-0858	BROTHER

I hereby certify that the foregoing information is accurate, and I authorize AK Steel to verify it. I specifically authorize AK Steel Corporation to obtain information from my former employers and other references, and I authorize my former employers and other references to release information to AK Steel Corporation.

I agree that any false or misleading statement in this application for employment or any additional forms signed by me in connection with my employment shall be sufficient cause for refusal or termination of employment.

I understand that this application is not and is not intended to be a contract of employment. I agree to submit to a physical examination applicable to the requirements of the type of work for which I am applying, including drug and alcohol abuse screening.

Signature of Applicant

Kay L. Jackson

Susan R. Lester 5-29-01

Application received by/Date received



**CHARGE OF DISCRIMINATION**

AGENCY

CHARGE NUMBER

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.

☐ FEPA  
☒ EEOC

241A201040

Cincinnati Area Office

and EEOC

State or local Agency, if any

NAME(Indicate Mr., Ms., Mrs.)

Ms. Kay Jackson

HOME TELEPHONE (Include Area Code)

(606) 473-1247

STREET ADDRESS

CITY, STATE AND ZIP CODE

1223 Winifred St.

Greenup, KY 41144

DATE OF BIRTH

/60

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)

NAME

AK Steel

NUMBER OF EMPLOYEES, MEMBERS

&gt;20

TELEPHONE (Include Area Code)

1-800-331-5050

STREET ADDRESS

CITY, STATE AND ZIP CODE

703 Curtis Street

Middletown, Ohio 45043

COUNTY

NAME

TELEPHONE NUMBER (Include Area Code)

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))

☒ RACE ☒ COLOR ☐ SEX ☐ RELIGION ☐ AGE  
☐ RETALIATION ☐ NATIONAL ORIGIN ☐ DISABILITY ☐ OTHER (Specify)
DATE DISCRIMINATION TOOK PLACE  
EARLIEST (ADEA/EPA) LATEST (ALL)

April 2002

☒ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

**EXHIBIT**K. JACKSON  
4 8.14.07  
DMB

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - (When necessary for State and Local Requirements)

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
(Day, month, and year)

Date \* 6/20/02

Charging Party (Signature)

Kay Jackson

**CHARGE OF DISCRIMINATION  
KAY JACKSON  
PAGE 1**

**I. Overview of Individual and Class Allegations**

AK Steel Corporation has discriminated and continues to discriminate against me in the terms and conditions of my application for employment with them on the basis of my race, African-American, by denying me the opportunity to be hired while hiring equally or less qualified white employees and subjecting me to a racially hostile application process and other forms of discrimination. I believe that AK Steel Corporation's actions are part of a continuing pattern and practice of discrimination against African-American applicants for employment and employees, including but not limited to, denying applicants hiring opportunities while providing such opportunities to equally or less qualified white applicants and subjecting them to a racially hostile application process.

**II. Statement of Facts**

I filed an employment application with AK Steel in Ashland, Kentucky three times: in 1999, 2001, and on approximately May 9, 2002. Each time, I applied to do general labor or clerical work. As my prior employment experience includes more than eighteen years of continuous work in a clerical capacity at Tenneco Packaging doing, among other things, shipping, order-taking, accounts payable and bookkeeping, I believed myself to be well qualified to fulfill either clerical or general labor responsibilities at AK Steel.

During each application process, I was called in to take a test. Each time, the test included questions on mechanical knowledge, reading comprehension, mathematics, and other material that seemed unrelated to one's ability to perform general labor, which usually involves tasks such as ditch digging. After I took the test in 1999, an AK Steel representative told me that I had failed it. The fact that another AK Steel hiring agent contacted me via phone subsequently, however, led me to believe that I had actually passed the test. During this phone conversation, the hiring agent posed personal questions like, "Why do you want to work at AK Steel?" but did not inquire into matters that seemed more relevant to my ability to perform the duties of the position I was applying for, such as my work experience or skills. A week later I received a letter informing me that I was "not needed at this time."

In 2001, I took the test again but was not informed whether I had passed it or not, was not contacted for an interview, and received no notification of rejection. Since taking the test for a third time on approximately May 9, 2002, I have heard nothing from AK Steel. When they contacted me in 1999, it was approximately one week after I took the test. I am currently doing Accounts Payable and Payroll for Shawnee Mental Health Center, where I have been employed for almost three years.

**CHARGE OF DISCRIMINATION**

**KAY JACKSON**

**PAGE 2**

**III. Statement of Discrimination**

I believe that AK Steel Corporation has discriminated against me and continues to discriminate against me in the terms and conditions of my applications for employment with them on the basis of my race, African-American, in violation of the Civil Rights Act of 1964, as amended, because white applicants with fewer qualifications than me have been hired and I have not, and because I have been subjected to a racially hostile application process and other forms of discrimination and denied the right to apply for work in an environment free of racial discrimination.

I have been adversely affected by these discriminatory practices by being deprived of the equal opportunity to be hired. Such discrimination denies me and other African-Americans the right to be hired for positions for which we are qualified.

This systemic discrimination also adversely affects the status of African-Americans as employees by promoting and reinforcing racial stereotypes and bias in hiring.

**IV. Statement of Classwide Discrimination on the Basis of Race**

Based on my experiences, I believe that AK Steel Corporation has engaged and continues to engage in a pattern and practice of discrimination against its African-American applicants for employment and employees that denies them equal employment opportunities in ways including but not limited to the following: denying them hiring opportunities while providing such opportunities to equally or less qualified white employees and subjecting them to a racially hostile application process and work environment in which few other African-Americans are employed. This policy violates Title VII of the 1964 Civil Rights Act, 42 U.S.C. Section 2000(e), et seq.

I believe this policy has effected a class of black persons comprised of all past, present and future black applicants for employment with AK Steel. I believe that these discriminatory practices occur throughout AK Steel Corporation. I make this charge on behalf of myself and all similarly situated African-American applicants for employment and employees.

I declare under penalty of perjury that the foregoing is true and correct.

Date: June 14, 2002

Kay L. Jackson

Charging Party (signature)

---

**Kay F. Jackson**

---

1223 Winifred Street ~ Greenup, KY 41144  
Home Phone (606)473-1247

**PROFILE**

Over 19 years of experience with last few years as Sr. Customer Service Representative. Have pursued advance understanding of multiple jobs, especially accounts payable, payroll, purchasing, storeroom and shipping.

Personally I am efficient, good-natured, good reputation with all former employees. Fast learner and accurate.

**EXPERIENCE****DuPont, Wurtland, KY 1981-1983****Receptionist. Storeroom Clerk. Shipping Dept.**

Front desk management, required advanced interpersonal relations and customer relations skills, in addition to general office.

Monitored inventory on major parts used to run plant. Responsible for reordering, restocking and shipping out parts.

Responsible for entering orders in computer used for shipping material off of plant site.

DuPont was then sold to Ametek in 1983.

**Ametek, Wurtland, KY 1983-1995****Switchboard. Accounts Payable. Floater**

Responsible for answering switchboard, screening calls and visitors, routing mail and deliveries, typing, maintaining calendars and managing travel arrangements.

In full charge of accounts payable making sure invoices were received and paid on time. Also, in charge of contract billing and providing monthly statements.

Worked co-workers jobs when they were on vacation or off sick. Crossed trained to handle payroll, purchasing, raw materials, customer service, calling in carriers for shipment of product.

Ametek was then sold to Astro-Valcour in 1995.

**Astro-Valcour, Inc., Wurtland, KY 1995-1998****Customer Service Representative**

Responsible for customer orders, pricing discrepancies, shipment delays, etc. Established new items in database system. Generate monthly manufacturing reports based on sales, production, and transfers to other locations. Monitor off-site warehouses to restock to optimum levels to meet customer demands.

Astro-Valcour, Inc was then sold to Tenneco Pkg. 1998.

**EXHIBIT**

K. JACKSON  
5 8:14.07  
Dmb

**Tenneco Pkg., Wurtland, KY 1998**

**Customer Service Representative**

Customer service responsibilities. Crossed trained in shipping department responsible for calling trucks in for on time shipments. Chosen to travel to various locations to train other CSR's on Tenneco products.

December 1998 job was terminated due to centralization of customer service department.

**Ashland Oil, Inc., Ashland, KY 1978-1981**

**Customer Service**

Worked in retail marketing.

**EDUCATION**

**Vocational School**

**Greenup County High School**

**Business/Accounting Courses 1976-1978**

**Business/Honor Student 1975-1978**

Tenneco Packaging  
18 Peck Avenue  
P.O. Box 148  
Glens Falls, New York 12801-0148  
Tel: 518-743-3100

Interoffice Memo



Date: 08/20/98  
To: Jackie Smith, Tenneco Packaging, Wurtland, KY  
CC: Mark Catton - Regional Manager  
Kay Jackson - Wurtland Customer Service ✓  
From: Roger Grundman Jr.  
Subject: Customer Service Representative Performance

Hi Jackie: Often in today's crunch of business we forget to applaud those who make our professional lives more productive and generally easier to deal with. You have such a person in Kay Jackson!

Since I have become involved with the Microfoam family of products Kay has time and again shown the true professionalism needed to maintain our position among the diverse group of customers we service. Her attention to detail, knowledge of the business and positive personality have allowed me to handle a much larger market area than if I had to address all of the issue's Kay does on a day-to-day basis.

Kay's handling of the Anchor Paper account as well as the Ashley Furniture/XPEDX business, to name two, has continually demonstrated to me and our customers her value in the Customer Service arena.

I am most appreciative of Kay's support and would ask you to make this memo a part of her personnel record.

Thank you for your attention to the above!

A handwritten signature in cursive script, appearing to read "Roger", with a long horizontal flourish extending to the right.



**TENNECO**  
**Packaging**

Mimi Louiso  
Mid-Atlantic Accounts Manager  
Protective Packaging

Tenneco Packaging  
9960 Racquet Club Lane  
Glen Allen, VA 23060

VM: 800-422-1284, Ext. 620  
Res: 804-346-9155  
Fax: 804-346-9248  
mpritch@unidal.com

September 1, 1998

AVI

Gary Hamm  
Tenneco Packaging/AVI  
300 Harris Road  
Wurtland, KY 41144

Dear Gary,

I am writing this letter on behalf of Kay Jackson, my customer service representative in Wurtland, KY. Kay has been invaluable to me since I started working with her over 3 years ago, and it is my hope that Tenneco will be able to place Kay in another position.

She has had long standing relationships with all my Microfoam customers, which has proved crucial in maintaining business. When I inherited the Microfoam business in the Mid-Atlantic region, I had no files, and no information regarding my accounts. Kay was especially helpful then, because she was eager to answer any questions regarding the accounts, and to research information that I needed in the field. I found her customer knowledge as invaluable then as I do now.

There has never been a complaint regarding customer service in the years that I have worked with Kay. She is assiduous and eager to please my customers. Distributors tell me that she is so courteous, and to work with she is a delight. With Kay as the first point of contact, I am pleased to hear customers tell me they feel their business is appreciated.

It is good business to retain loyal and trustworthy employees, and hope that Tenneco can arrange it so that Kay will remain gainfully employed in Wurtland.

Sincerely,



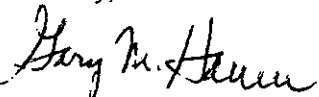
Mimi Louiso  
Tenneco Packaging/AVI

January 20, 1999

To Whom It May Concern:

You may use the letter as my recommendation of Kay Jackson. I have known Kay since 1980. She hired in when we were both employed by DuPont. Since then, we have undergone 4 ownership changes, the latest being Tenneco Packing. From 1983 until 1998 she worked directly for me or in my supervisory area. Her work ethic has always been exemplary and her performance has met and or exceeded the standards set for her. She has always maintained a good rapport with co-workers and supervisors and has a very pleasant personality and ready smile. I have always enjoyed working with her and not once have I regretted her hiring. She would be an asset to any company fortunate to obtain her services.

Sincerely,

A handwritten signature in cursive script, reading "Gary M. Hamm".

Gary M. Hamm

Tenneco Packaging  
300 Harris Road  
Wurtland, KY 41144

Telephone: 606-836-0251  
Customer Service: 800-354-8995



January 4, 1999

TO WHOM IT MAY CONCERN:

Please accept this letter as a letter of recommendation for Kay Jackson.

I have worked with Kay for the past 18 years. She has worked for me as a senior customer service representative for the past 4 years.

Due to centralization of customer service, our customer service department here in Wurtland has been eliminated.

It is very unfortunate to lose a valued employee as Kay. She is very dependable, quick to learn new tasks, very good with customers and gets along well with fellow workers. She is always willing to accept new challenges and aspires to be a good team leader.

Please feel free to contact me if you should have additional questions.

Sincerely,

  
Jackie Smith  
Customer Service Manager

AVI

**TENNECO**

**Packaging**

300 Harris Road  
Wurtland, KY 41144

January 21, 1999

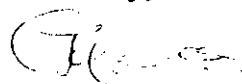
To Whom It May Concern,

Kay Jackson was employed at the Wurtland plant from 3/1/81 through 12/31/98. During this time, Kay worked many non-exempt clerical positions ranging from the receptionist position, to handling purchase orders, to customer service, etc.. She has been in the position of Customer Service Representative for the past several years.

A company restructuring in 1998 to centralize customer service functions resulted in all Wurtland plant customer service jobs being eliminated, therefore, eliminating Kay's position. Her termination was in no way related to job performance.

Our company policy has been to remain very neutral in giving job references in that we are only to provide dates of employment and job duties performed. However, with having worked with Kay for several years, I am pleased to provide a personal reference complimenting her job efforts, dependability, and willingness to work together as a team. Kay is very talented in performing many clerical functions. She has excellent communications and interpersonal skills, as witnessed by her excellent relations with many customer contacts she developed in the Customer Service Rep position.

Sincerely,



Garry R. Lewis  
Human Resources Manager

*Nbt  
Test Quile  
5/9/02*

**Kay F. Jackson**

1223 Winifred Street

Greenup, KY 41144

Home Phone (606) 473-1247

**EXHIBIT**

*R. JACKSON  
6 8-11-07*

**QUALIFICATIONS:**

I have over 19 years of experience with the last few years as Senior Customer Service Representative. I have pursued advance understanding of multiple jobs, especially accounts payable, payroll, purchasing, storeroom and shipping. Personally, I am efficient, good natured, good reputation with all former employees. I am a fast learner and accurate.

**EDUCATION:**

1976-1978 Vocational School, Business/Accounting Courses  
1975-1978 Greenup County High School, Diploma

**EMPLOYMENT:**

1981-1983 Receptionist, Shipping Department, DuPont  
Front desk management, required advanced interpersonal and customer relations skills in addition to general office. Monitored inventory on major parts used to operate the plant. Responsible for reordering, restocking and shipping out parts. Responsible for entering orders in computer used for shipping material off of plant site. DuPont was then sold to Ametek in 1983.

1983-1995 Switchboard, Accounts Payable, Ametek  
Responsible for answering switchboard, screen calls and visitors, routing mail and deliveries, typing, maintaining calendars and managing travel arrangements. In full charge of accounts payable, making sure invoices were received and paid on time. Also, in charge of contract billing and providing monthly statements. Worked co-workers jobs when they were on vacation or off sick. Crossed trained to handle payroll, purchasing, raw materials, customer service, calling in carriers for shipment of product. Ametek was then sold to Astro-Valcour in 1995.

1995-1998 Customer Service Representative, Astro-Valcour, Inc & Tenneco Pkg.  
Responsible for customer orders, pricing discrepancies, shipment delays, etc. Established new items in database system. Generate monthly manufacturing reports based on sales, production and transfers to other locations. Monitor off-site warehouses to restock to optimum levels to meet customer demands. Astro-Valcour, Inc. was then sold to Tenneco Packaging in 1998. Lost job in December of 1998 due to down sizing.

1999-Present Accounts Payable/Payroll Clerk, Shawnee Mental Health Center  
Responsible for making sure invoices are paid and mailed on a timely basis, also responsible for payroll checks for all mental health employees.

Tenneco Packaging  
18 Peck Avenue  
P.O. Box 148  
Glens Falls, New York 12801-0148  
Tel: 518-743-3100

Interoffice Memo



Date: 08/20/98  
To: Jackie Smith, Tenneco Packaging, Wurtland, KY  
CC: Mark Catton - Regional Manager  
Kay Jackson - Wurtland Customer Service ✓  
From: Roger Grundman Jr.  
Subject: Customer Service Representative Performance

Hi Jackie: Often in today's crunch of business we forget to applaud those who make our professional lives more productive and generally easier to deal with. You have such a person in Kay Jackson!

Since I have become involved with the Microfoam family of products Kay has time and again shown the true professionalism needed to maintain our position among the diverse group of customers we service. Her attention to detail, knowledge of the business and positive personality have allowed me to handle a much larger market area than if I had to address all of the issues Kay does on a day-to-day basis.

Kay's handling of the Anchor Paper account as well as the Ashley Furniture/XPEDX business, to name two, has continually demonstrated to me and our customers her value in the Customer Service arena.

I am most appreciative of Kay's support and would ask you to make this memo a part of her personnel record.

Thank you for your attention to the above!

A handwritten signature in cursive script, appearing to read "Roger", followed by a horizontal flourish.

**TENNECO**  
**Packaging**

*Mimi Louiso*  
Mid-Atlantic Accounts Manager  
Protective Packaging

Tenneco Packaging  
9960 Racquet Club Lane  
Glen Allen, VA 23060

VM: 800-422-1284, Ext. 620  
Res: 804-346-9155  
Fax: 804-346-9248  
mpntch@unidial.com

September 1, 1998

AVI

Gary Hamm  
Tenneco Packaging/AVI  
300 Harris Road  
Wurtland, KY 41144

Dear Gary,

I am writing this letter on behalf of Kay Jackson, my customer service representative in Wurtland, KY. Kay has been invaluable to me since I started working with her over 3 years ago, and it is my hope that Tenneco will be able to place Kay in another position.

She has had long standing relationships with all my Microfoam customers, which has proved crucial in maintaining business. When I inherited the Microfoam business in the Mid-Atlantic region, I had no files, and no information regarding my accounts. Kay was especially helpful then, because she was eager to answer any questions regarding the accounts, and to research information that I needed in the field. I found her customer knowledge as invaluable then as I do now.

There has never been a complaint regarding customer service in the years that I have worked with Kay. She is assiduous and eager to please my customers. Distributors tell me that she is so courteous, and to work with she is a delight. With Kay as the first point of contact, I am pleased to hear customers tell me they feel their business is appreciated.

It is good business to retain loyal and trustworthy employees, and hope that Tenneco can arrange it so that Kay will remain gainfully employed in Wurtland.

Sincerely,



Mimi Louiso  
Tenneco Packaging/AVI

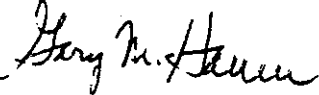


January 20, 1999

To Whom It May Concern:

You may use the letter as my recommendation of Kay Jackson. I have known Kay since 1980. She hired in when we were both employed by DuPont. Since then, we have undergone 4 ownership changes, the latest being Tenneco Packing. From 1983 until 1998 she worked directly for me or in my supervisory area. Her work ethic has always been exemplary and her performance has met and or exceeded the standards set for her. She has always maintained a good rapport with co-workers and supervisors and has a very pleasant personality and ready smile. I have always enjoyed working with her and not once have I regretted her hiring. She would be an asset to any company fortunate to obtain her services.

Sincerely,

A handwritten signature in cursive script that reads "Gary M. Hamm".

Gary M. Hamm

Tenneco Packaging  
300 Harris Road  
Wurtland, KY 41144

Telephone: 606-836-0251  
Customer Service: 800-354-8995



January 4, 1999

TO WHOM IT MAY CONCERN:

Please accept this letter as a letter of recommendation for Kay Jackson.

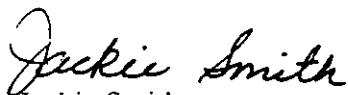
I have worked with Kay for the past 18 years. She has worked for me as a senior customer service representative for the past 4 years.

Due to centralization of customer service, our customer service department here in Wurtland has been eliminated.

It is very unfortunate to lose a valued employee as Kay. She is very dependable, quick to learn new tasks, very good with customers and gets along well with fellow workers. She is always willing to accept new challenges and aspires to be a good team leader.

Please feel free to contact me if you should have additional questions.

Sincerely,

  
Jackie Smith  
Customer Service Manager

AVI

**TENNECO**

**Packaging**

300 Harris Road  
Wurtland, KY 41144

January 21, 1999

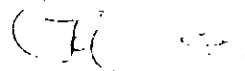
To Whom It May Concern,

Kay Jackson was employed at the Wurtland plant from 3/1/81 through 12/31/98. During this time, Kay worked many non-exempt clerical positions ranging from the receptionist position, to handling purchase orders, to customer service, etc.. She has been in the position of Customer Service Representative for the past several years.

A company restructuring in 1998 to centralize customer service functions resulted in all Wurtland plant customer service jobs being eliminated, therefore, eliminating Kay's position. Her termination was in no way related to job performance.

Our company policy has been to remain very neutral in giving job references in that we are only to provide dates of employment and job duties performed. However, with having worked with Kay for several years, I am pleased to provide a personal reference complimenting her job efforts, dependability, and willingness to work together as a team. Kay is very talented in performing many clerical functions. She has excellent communications and interpersonal skills, as witnessed by her excellent relations with many customer contacts she developed in the Customer Service Rep position.

Sincerely,



Garry R. Lewis  
Human Resources Manager

IN THE UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF OHIO  
WESTERN DIVISION

VIVIAN BERT, *et al.*,

Plaintiffs,

v.

AK STEEL CORPORATION,

Defendant.

Case No. C-1-02-467

Judge Beckwith

Magistrate Judge Hogan

**EXHIBIT**

R JACKSON  
7 8-14-07  
DmB

**PLAINTIFFS' INITIAL DISCLOSURES**

Plaintiffs, through their counsel, submit the following disclosures pursuant to Rule 26(a)(1) of the Federal Rules of Civil Procedure:

1. The name and, if known, the address and telephone number of each individual likely to have discoverable information relevant to disputed facts alleged with particularity in the pleading identifying the subjects of the information.

Lay Witnesses: See Attachment A.

Additional witnesses may include any of the Defendant's hiring personnel, management, or any other employees who have otherwise witnessed the violations alleged in Plaintiffs' complaint. Discovery is continuing and ongoing and Plaintiffs reserve the right to supplement this response as additional facts become available.

Expert Witnesses: At this time, expert witnesses are not identified. Plaintiffs' counsel will provide information pursuant to the Case Management Order in this case.

2. **A copy of, or a description by category and location of, all documents, data compilations, and tangible things in the possession, custody, or control of the party that are relevant to disputed facts alleged with particularity in the pleadings.**

See Attachment B.

Additional supporting documentation may include documentation in the possession of Defendants. Such documents may include any personnel files, postings, bids, manuals, notices, agreements, or other writings documenting the Plaintiffs' and putative class members' employment, applications for employment, and/or opportunities for advancement or lack thereof and Defendants' policies on discrimination and harassment.

Plaintiffs objects to the production of any documents which are protected by the attorney-client privilege or the work-product doctrine. Discovery is continuing and ongoing and Plaintiffs reserve the right to supplement this response as additional facts become available.

3. **A computation of any category of damages claimed by the disclosing party, making available for inspection and copying as under Rule 34 the documents or other evidentiary material, not privileged or protected from disclosure, on which such computation is based, including materials bearing on the nature and extent of injuries suffered.**

The actual nominal and punitive damage amounts are currently unknown and will be determined at a later date. This response will be supplemented as further information becomes available. In determining the amount of Plaintiffs' damages, Plaintiffs may need to rely upon information in the possession of the Defendant to be obtained during discovery, as well as the opinion of an expert or experts.

4. **For inspection and copying as under Rule 34 any insurance agreement under**

which any person carrying on an insurance business may be liable to satisfy part or all of a judgment which may be entered in the action or to indemnify or reimburse for payments made to satisfy the judgment.

Not applicable to Plaintiffs.

Respectfully submitted this 3<sup>rd</sup> day of February, 2003.



DAVID SANFORD, D.C. Bar No. 457933

ERIC BACHMAN, KY Bar. No. 88122

**GORDON, SILBERMAN, WIGGINS & CHILDS, P.C.**

7 DUPONT CIRCLE, N.W.

SUITE 200

WASHINGTON, D.C. 20036

202-467-4123 / 202-467-4489 (facsimile)

GRANT MORRIS, Washington D.C. Bar No. 926253

**LAW OFFICES OF GRANT MORRIS**

7 DUPONT CIRCLE, N.W.

SUITE 250

WASHINGTON, D.C. 20036

202-331-4707

PAUL H. TOBIAS, OH Bar No. 0032415

DAVID D. KAMMER, OH Bar No. 0061808

**TOBIAS, KRAUS & TORCHIA, LLP**

414 WALNUT STREET

SUITE 911

CINCINNATI, OH 45202

Telephone: (513) 241-8137

Facsimile: (513) 241-7863

*Attorneys for Plaintiffs*

which any person carrying on an insurance business may be liable to satisfy part or all of a judgment which may be entered in the action or to indemnify or reimburse for payments made to satisfy the judgment.

Not applicable to Plaintiffs.

Respectfully submitted this 3<sup>rd</sup> day of February, 2003.

---

DAVID SANFORD, D.C. Bar No. 457933  
ERIC BACHMAN, KY Bar. No. 88122  
**GORDON, SILBERMAN, WIGGINS & CHILDS, P.C.**  
7 DUPONT CIRCLE, N.W.  
SUITE 200  
WASHINGTON, D.C. 20036  
202-467-4123 / 202-467-4489 (facsimile)

GRANT MORRIS, Washington D.C. Bar No. 926253  
**LAW OFFICES OF GRANT MORRIS**  
7 DUPONT CIRCLE, N.W.  
SUITE 250  
WASHINGTON, D.C. 20036  
202-331-4707

PAUL H. TOBIAS, OH Bar No. 0032415  
DAVID D. KAMMER, OH Bar No. 0061808  
**TOBIAS, KRAUS & TORCHIA, LLP**  
414 WALNUT STREET  
SUITE 911  
CINCINNATI, OH 45202  
Telephone: (513) 241-8137  
Facsimile: (513) 241-7863

*Attorneys for Plaintiffs*



**ATTACHMENT A****Lay Witness Testimony:<sup>1</sup>****1. Vivian Bert**

- a) Donna Phillips  
Oklahoma Department of Transportation  
200 N. E. 21st Street  
Oklahoma City, OK 73105

Phillips may have knowledge of Bert's character, qualifications, level of experience, and job performance.

- b) Clyde W. Thomas  
Oklahoma Department of Transportation  
200 N. E. 21st Street  
Oklahoma City, OK 73105

Thomas may have knowledge of Bert's character, qualifications, level of experience, and job performance.

**2. Thaddeus Freeman**

None at this time.

**3. Darrell Carter**

- a) Mark Collins  
223 9th Street  
Ashland, KY 4110

Collins may have information regarding race discrimination in hiring at AK Steel. He also may have knowledge of Carter's character, qualifications, and level of experience.

- b) Susan Lester  
AK Steel, HR Manager  
P.O. Box 191  
Ashland, KY 41105

---

<sup>1</sup> Witnesses are listed according to the Plaintiff to whose claims they are believed to be most directly relevant. Plaintiffs reserve the right to take the position that such testimony is relevant to the claims of other Plaintiffs and/or the claims of the putative class.

Lester, an employee of the Defendant, may have information regarding Carter's application for employment with the AK Steel. Lester may also have information regarding race discrimination in hiring at AK Steel.

- c) Darlene Denise Carter  
908 South 8<sup>th</sup> St.  
Ironton, OH 45638

D. Carter may have information regarding race discrimination in hiring at AK Steel. He also may have knowledge of Carter's character, qualifications, and level of experience.

- d) Marnie Carter  
908 South 8<sup>th</sup> St.  
Ironton, OH 45638

M. Carter may have information regarding race discrimination in hiring at AK Steel. She also may have knowledge of Carter's character, qualifications, and level of experience.

4. Edward James Lewis

- a) Allen Roberts  
P.O. Box 552  
Middletown, OH 45044

Roberts may have information regarding race discrimination in hiring, promotions, training, and terms and conditions of employment at AK Steel. He also has knowledge of Lewis's character, qualifications, level of experience, and job performance.

5. Timothy Oliphant

None at this time.

6. Mary Harris

None at this time.

7. Roderique Russell

None at this time.

8. Kay Jackson

- a) Brooks Carmichael Jackson  
1223 Winifred St.  
Greenup, KY 41144

B. Jackson may have information regarding race discrimination in hiring, promotions, training, and terms and conditions of employment at AK Steel. He also has knowledge of Jackson's character, qualifications, level of experience, and job performance.

- b) Roger Grundman, Jr.  
Tenneco Packaging  
18 Peck Avenue  
P.O. Box 148  
Glens Falls, New York 12801-0148

Grundman may have knowledge of Jackson's character, qualifications, level of experience, and job performance.

- c) Mimi Louiso  
Tenneco Packaging  
9960 Raquet Club Lane  
Glen Allen, VA 23060

Louiso may have knowledge of Jackson's character, qualifications, level of experience, and job performance.

- d) Gary Hamm  
Tenneco Packaging/AVI  
300 Harris Road  
Wurtland, KY 41144

Hamm may have knowledge of Jackson's character, qualifications, level of experience, and job performance.

- e) Jackie Smith  
Tenneco Packaging/AVI  
300 Harris Road  
Wurtland, KY 41144

Smith may have knowledge of Jackson's character, qualifications, level of experience, and job performance.

- f) Garry R. Lewis  
Tenneco Packaging/AVI

300 Harris Road  
Wurtland, KY 41144

Lewis may have knowledge of Jackson's character, qualifications, level of experience, and job performance.

9. Marnie Carter

- a) Darrell Carter  
901 South 7th St.  
Ironton, OH 45638

Carter may have information regarding race discrimination in hiring at AK Steel. He also may have knowledge of Carter's character, qualifications, and level of experience.

- b) Darlene Denise Carter  
908 South 8<sup>th</sup> St.  
Ironton, OH 45638

D. Carter may have information regarding race discrimination in hiring at AK Steel. She also may have knowledge of Carter's character, qualifications, and level of experience.

- c) Susan Lester  
AK Steel, HR Manager  
P.O. Box 191  
Ashland, KY 41105

Lester, an employee of the Defendant, may have information regarding Carter's application for employment with the AK Steel. Lester may also have information regarding race discrimination in hiring at AK Steel.

10. Darlene Denise Carter

- a) Darrell Carter  
901 South 7th St.  
Ironton, OH 45638

Carter may have information regarding race discrimination in hiring at AK Steel. He also may have knowledge of Carter's character, qualifications, and level of experience.

- b) Marnie Carter  
908 South 8<sup>th</sup> St.

Ironton, OH 45638

M. Carter may have information regarding race discrimination in hiring at AK Steel. She also may have knowledge of Carter's character, qualifications, and level of experience.

- c) Susan Lester  
AK Steel, HR Manager  
P.O. Box 191  
Ashland, KY 41105

Lester, an employee of the Defendant, may have information regarding Carter's application for employment with the AK Steel. Lester may also have information regarding race discrimination in hiring at AK Steel.

11. Dwight Lewis

- a) Susan Lester  
AK Steel, HR Manager  
P.O. Box 191  
Ashland, KY 41105

Lester, an employee of the Defendant, may have information regarding Lewis's application for employment with the AK Steel. Lester may also have information regarding race discrimination in hiring at AK Steel.

12. Michael Miller

- a) Jessica Hicks

Hicks, an employee of the Defendant, may have information regarding Miller's application for employment with the AK Steel. Hicks may also have information regarding race discrimination in hiring at AK Steel.

- b) Ella Moreland  
Heidelberg Web Systems  
4900 Webster Street  
Dayton, Ohio 45414

Moreland may have knowledge of Miller's character, qualifications, level of experience, and job performance.

13. Ronald Sloan

a) Jessica Hicks

Hicks, an employee of the Defendant, may have information regarding Sloan's application for employment with the AK Steel. Hicks may also have information regarding race discrimination in hiring at AK Steel.

14. Donald Edwards

None at this time.

15. Shawn Pryor

None at this time.

16. Tiffany Jackson

a) Rodney Cosby  
1202 Winifred St.  
Greenup, KY 41144

Cosby may have information regarding race discrimination in hiring, promotions, training, and terms and conditions of employment at AK Steel. He also has knowledge of Jackson's character, qualifications, level of experience, and job performance.

b) Susan Lester  
AK Steel, HR Manager  
P.O. Box 191  
Ashland, KY 41105

Lester, an employee of the Defendant, may have information regarding Jackson's application for employment with the AK Steel. Lester may also have information regarding race discrimination in hiring at AK Steel.

c) Pat Amitrano  
Department of Public Works  
11 Wurtz Avenue  
Utica, NY 13502

Amitrano may have knowledge of Jackson's character, qualifications, level of experience, and job performance.

d) James Mack  
User Friendly Software Systems

239 Genesee Street  
Utica, NY 13502

Mack may have knowledge of Jackson's character, qualifications, level of experience, and job performance.

e) Brian Boyle  
Liebert Corporation  
3040 South 9th Street  
Ironton, OH 45638

Boyle may have knowledge of Jackson's character, qualifications, level of experience, and job performance.

17. Allen Roberts

None at this time.



**ATTACHMENT B**

1. Vivian Bert  
Tax returns from 1999, 2000, and 2001  
Resume  
EEOC Charge  
Job application  
Notebook
2. Thaddeus Freeman  
Tax returns from 1999, 2000 and 2001  
EEOC Charge  
Correspondence related to EEOC charge  
Resume
3. Darrell Carter  
None at this time.
4. Edward James Lewis  
None at this time.
5. Timothy Oliphant  
None at this time.
6. Mary Harris  
Tax returns from 1999, 2000 and 2001  
EEOC Charge  
Resume
7. Roderique Russell  
None at this time.
8. Kay Jackson  
W2 Wage and Tax Statements 1999, 2000, 2001  
EEOC Documents

Resume  
Letters of Recommendation  
Copies of prescriptions  
Notice of Dismissal  
Copy of high school diploma  
Copy of application to Shawnee Medical Center

9. Marnie Carter

None at this time.

10. Darlene Denise Carter

None at this time.

11. Dwight Lewis

Calender  
Tax Returns 1999, 2000, 2001  
Resume  
EEOC Charge and related Documents

12. Michael Miller

Tax Returns 2000, 2001  
Resume  
Transcript, Sinclair Community College, Associate of Applied Science  
Letter of Recommendation  
EEOC Charge and related Documents  
Work Force Reduction Notification, Heidelberg Web Systems

13. Ronald Sloan

Tax Returns: 1999, 2000, 2001  
EEOC charge  
Resumes  
Certificate of Discharge from Active Military Duty, Honorable  
Certificate regarding Naval Training and Experience  
cover letter  
electronics certificate

14. Donald Edwards

None at this time.

15. Shawn Pryor

W2 Wage and Tax Statements: 1999, 2000, 2001  
High School Diploma  
Dipoloma, Miami University of Ohio, BA

16. Tiffany Jackson

Tax Returns: 1999, 2000 and 2001  
EEOC Charge and Related Documents  
Resume  
Calendar notes  
Letters of reference  
Paralegal certificate  
Forklift certificate

17. Allen Roberts

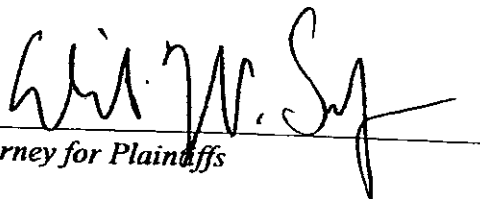
None at this time.\*

\*At present, Plaintiffs continue to review documents in the possession of Roberts and will supplement these initial disclosures as soon as practicable.

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a copy of Plaintiffs' Initial Disclosures was served this 3rd day of February, 2003, via facsimile and first-class mail, postage prepaid, upon:

ROGER A. WEBER  
TAFT, STETTINIUS & HOLLISTER LLP  
1800 FIRSTAR TOWER  
425 WALNUT STREET  
CINCINNATI, OH 452023959  
Telephone: (513) 381-2838  
Facsimile: (513) 381-0205

  
\_\_\_\_\_  
Attorney for Plaintiffs

**EXHIBIT**

K JACKSON  
8 8.14.07  
DMB

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF OHIO  
WESTERN DIVISION

VIVIAN BERT, et al.,	)	Case No. C-1-02-00467
	)	Judge Beckwith
Plaintiffs,	)	Magistrate Judge Hogan
	)	
v.	)	PLAINTIFF KAY JACKSON'S
	)	RESPONSES TO DEFENDANT'S
AK STEEL CORPORATION,	)	FIRST REQUEST FOR THE
	)	PRODUCTION OF DOCUMENTS
Defendant.	)	
	)	

**GENERAL OBJECTIONS**

1. The Plaintiff objects to these discovery requests to the extent they seek information or documents protected from discovery and/or disclosure by the attorney/client privilege, the work product doctrine, or any other applicable privilege.
2. The Plaintiff objects to these discovery requests to the extent they seek information or documents neither material nor relevant to the claims or defenses of this action nor reasonably calculated to lead to the discovery of admissible evidence.
3. The Plaintiff objects to these discovery requests to the extent they are overly broad and/or unduly burdensome.
4. The Plaintiff objects to these discovery requests to the extent they are so vague and ambiguous as to be incapable of a definite response.
5. The Plaintiff objects to these discovery requests to the extent they seek confidential or proprietary information or documents. Notwithstanding this objection, the Plaintiff agrees to provide, if any exist, as more fully set forth below, such information or documents subject to the terms of a mutually agreeable protective order to be entered in this action.
6. The Plaintiff objects to these discovery requests to the extent they call for conclusions of law.
7. The Plaintiff objects to these discovery requests to the extent that they seek and/or require the production of documents which are not in the Plaintiff's possession, custody, or control.
8. The Plaintiff objects to the time and place of production for documents specified in these

discovery requests but state, to the extent that the documents are available, as more fully set forth below, they will be produced at a mutually convenient time and place.

9. The Plaintiff objects to the definitions and instructions in the discovery requests to the extent they seek to require the Defendant to comply with requirements beyond the scope of or impose burdens, duties and obligations in excess of or different from those imposed by applicable law and the Federal Rules of Civil Procedure.
10. The Plaintiff objects to these discovery requests to the extent they seek to discover "core" work product, including the disclosure of the mental impressions, conclusions, opinions, and/or legal theories of attorneys or other representatives of Plaintiff and/or the substance of information developed by them (i.e., interpretive, not investigatory) in preparation for the trial of this action.
11. The Plaintiff objects to these discovery requests to the extent that the information sought, if any, was obtained and prepared in anticipation of litigation, and the Plaintiff has not made the required showing of substantial need for the information or that the substantial equivalent of such information is unobtainable by other means. The Plaintiff further objects to these discovery requests to the extent that the information called for, if any, is privileged and is not discoverable under FRCP 26(b)(3) and *Hickman v. Taylor*, 329 U.S. 495 (1947).
12. The Plaintiff objects to these discovery requests to the extent that they seek information that is equally available to the Defendant, and the burden on the Defendant to obtain the requested information is no greater than the burden on the Plaintiff.
13. The Plaintiff objects to these discovery requests to the extent they seek information or documents relating to expert witnesses, witnesses, and trial exhibits in excess of the disclosure duties imposed by the Federal Rules of Civil Procedure and the Court's Orders relating to such matters.
14. The Plaintiff objects to these discovery requests to the extent that they seek information regarding matters which are not at issue in this action.
15. The Plaintiff objects to these discovery requests to the extent that they do not, on their face, restrict themselves either to an identifiable time or a reasonable, rationally-based time frame.
16. The Plaintiff objects to these discovery requests to the extent that they are oppressive, i.e., designed to create an unreasonable burden on the Plaintiff which burden is not commensurate with the professed result sought.
17. Except as otherwise indicated, the Plaintiff incorporates the General Objections into each

and every response set forth below. By responding to any of the discovery requests, the Plaintiff does not waive any of the foregoing General Objections.

Plaintiff responds to Defendant's requests for the production of the following documents:

**Request No. 1:** Produce all documents that refer to, reflect, comment on, or tend to prove or disprove any of the contentions in the Complaint or the Answer.

**Specific Objection to Request No. 1:** Plaintiff objects to the extent this request is vague, ambiguous, and overly broad. Plaintiff further objects to the extent that this request seeks information or documents protected from discovery and/or disclosure by the attorney/client privilege, the work product doctrine, or any other applicable privilege. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

**RESPONSE:** Plaintiff will produce all non-privileged responsive documents.

**Request No. 2:** Produce all documents that you believe support your claim for damages, or which reflect, comment on, or tend to prove or disprove such claims.

**Specific Objection to Request No. 2:** Plaintiff objects to the extent this request is vague, ambiguous, and overly broad. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

**RESPONSE:** Plaintiff will produce all non-privileged responsive documents.

**Request No. 3:** Produce any diary, journal, or calendar of appointments, or notes that you have maintained since January 1, 1998.

**Specific Objection to Request No. 3:** Plaintiff objects to the extent that this request is overly broad and/or unduly burdensome. Plaintiff also objects to the extent that this request seeks information that is not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

**RESPONSE:** Plaintiff will produce any diary, journal, or calendar of appointments that Plaintiff has maintained since January 1, 1998 that relate to the claims or defenses in this case.

**Request No. 4:** Produce all documents provided to or obtained from Defendant.

**Specific Objection to Request No. 4:** Plaintiff objects to the extent that this request is overly broad and/or unduly burdensome. Plaintiff further objects to the extent that this request seeks information that is equally available to the Defendant, and the burden on the Defendant to obtain the requested information is no greater than the burden on the Plaintiff. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:



**RESPONSE:** Plaintiff will produce all non-privileged responsive documents.

**Request No. 5:** Produce all of your medical or psychological records since January 1, 1998.

**Specific Objection to Request No. 5:** Plaintiff objects to this Request to the extent that the information sought is confidential and/or privileged.

**Request No. 6:** Produce all documents that refer to, reflect, or comment on any criminal proceeding in which in which you have been either arrested or convicted during the past 10 years.

**Specific Objection to Request No. 6:** Plaintiff objects to this Request to the extent that the information sought is confidential and/or privileged. Plaintiff further objects that the information is not reasonably calculated to lead to the discovery of admissible evidence.

**Request No. 7:** Produce your federal income tax returns and any W-2s or Form 1099s for each tax year beginning in 1999.

**Specific Objection to Request No. 7:** Plaintiff objects to this request to the extent that it is not reasonably calculated to lead to the discovery of admissible evidence. Plaintiff further objects to this Request to the extent the information sought is confidential and/or privileged. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

**RESPONSE:** Plaintiff will produce Plaintiff's W-2s or Form 1099s for 1999, 2000, and 2001.

**Request No. 8:** Produce any documents that you sent to or received from the EEOC, OCRC, or any other state agency with the power to investigate charges of discrimination.

**RESPONSE:** Plaintiff will produce all non-privileged responsive documents.

**Request No. 9:** Produce any resume or other listing of your qualifications for employment you have prepared or had prepared for you since January 1, 1998.

**RESPONSE:** Plaintiff will produce all non-privileged responsive documents.

**Request No. 10:** Produce any document by which you sought employment from any employer from January 1, 1998 to date.

**Specific Objection to Request No. 10:** Plaintiff objects to the extent this request is vague and ambiguous. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

**RESPONSE:** Plaintiff will produce all non-privileged responsive documents.

**Request No. 11:** Produce any document by which you claim you requested employment from AK Steel Corporation.

**Specific Objection to Request No. 11:** Plaintiff objects to the extent this request is vague and ambiguous. Subject to and without waiving the foregoing general and specific objections, Plaintiff responds as follows:

**RESPONSE:** Plaintiff will produce all non-privileged responsive documents.

Respectfully submitted this 27<sup>th</sup> day of November, 2002.



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*Attorneys for Plaintiffs*

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a copy of Plaintiffs' Responses to Defendant's First Set of Requests for Production of Documents was served via first-class mail, postage prepaid, upon:

Lawrence J. Barty  
Patricia Anderson Pryor  
Gregory Parker Rogers  
Roger A. Weber  
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This is the 27<sup>th</sup> day of November, 2002.

  
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*Attorney for Plaintiffs*